

**DISSERTATION ON
“ASSESS THE QUALITY OF LIFE AMONG ELDERLY
BEFORE AND AFTER REMINISCENCE THERAPY IN
SELECTED OLD AGE HOME AT CHENNAI.”**

**M. SC (NURSING) DEGREE EXAMINATION
BRANCH- V- MENTAL HEALTH NURSING**

**PADMASREE COLLEGE OF NURSING
WALAJABAD, KANCHIPURAM.**



A dissertation submitted to

**THE TAMILNADU DR. MGR MEDICAL UNIVERSITY,
CHENNAI - 600 032.**

In partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE IN NURSING

OCTOBER 2016

CERTIFICATE

This is to certify that this dissertation titled “**Assess the quality of life among elderly before and after reminiscence therapy in a selected old age home at Chennai**”, is a bonafide work done by **Ms.V.Devi, II year M.Sc (Nursing) Student**, Padamasree College of Nursing, Walajabad, Kanchipuram submitted to The **Tamil Nadu Dr. M.G.R Medical University, Chennai-32**, in partial fulfillment of the university rules and regulations towards the award of degree of Master of Science in Nursing, Branch V, Mental Health Nursing, under our guidance and supervision during the academic period from 2014-2016.

Dr.K.MENAKA, M.Sc,(N)Ph.D(N).
Principal,
Padmasree College of Nursing,
Walajabad, Kanchipuram.

DISSERTATION ON
“ASSESS THE QUALITY OF LIFE AMONG ELDERLY
BEFORE AND AFTER REMINISCENCE THERAPY IN
SELECTED OLD AGE HOME AT CHENNAI.”

Approved by the Dissertation Committee on:

Dr.K.Menaka, M.Sc,(N)Ph.D(N).,
Principal,
Padmasree College of Nursing,
Walajabad, Kanchipuram.

CLINICAL SPECIALTY GUIDE
Mr.A.Parthiban, M Sc (N),
Assistant professor,
Department of Mental Health Nursing,
PadmasreeCollege of Nursing,
Walajabad, Kanchipuram.

MEDICAL EXPERT
Prof. Dr.Venkatesh Mathankumar, MD
Associate Professor,
Department of Psychiatry,
Pallava Hospital,
Chennai.

A dissertation submitted to

THE TAMILNADU DR. MGR. MEDICAL UNIVERSITY,
CHENNAI - 600 032.

In partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE IN NURSING

OCTOBER 2016

ACKNOWLEDGEMENT

Praise and thanks to the god almighty who is the source of wisdom and knowledge, whose blessing and inspiration guided me throughout the course of this study end to submit the dissertation in time.

I reveal my sense of gratitude to the management of Padmasree college of Nursing, Walajabad, **Mr.V.Rishikesavan, Chairman**, for their encouragement to complete the study.

I thank **Mrs.R.Malliga Rishikesavan, Managing Director**, Padmasree college of Nursing, Walajabad, for providing me an opportunity to conduct the study.

I acknowledge my heartfelt thanks and gratitude to **Mr.R.Dinesh Kumar, M.E., MBA, Secretary**, for their encouragement to complete the study.

I wish to express my heartfelt thanks to **Dr.K.MENAKA, M.Sc. (N), Ph.D(N).**, Principal, Research Guide of Padamasree College of Nursing, Walajabad for her guidance and valuable suggestions and encouragement in conducting the study constant support at every stage of the study which enabled me in giving shape to this study.

I express my sincere thanks to **Prof. T.V.Malliga M.Sc. (N)**, Vice Principal of Padamasree College of Nursing, Walajabad for her constant guidance suggestion to complete the study.

I express my sincere thanks to **Mr.A.Parthiban, M Sc (N)**, Assistant Professor in Padamasree College of Nursing Walajabad for his constant guidance, valuable suggestions, helped me a lot in successful completion of this study.

I am immensely grateful to **Dr.Venkatesh Mathan Kumar, Associate Porfessor of Psychiatry** for constant guidance, sustained patience, valuable suggestions in the successful completion of this study.

It's my duty to convey thanks to all the experts **Mr.Sudhakaran, Clinical Psychologist, Mrs.Hemavathy, Principal, Sree Balaji College of Nursing and Mr.M.Nithyanantham, Associate Professor, College of Nursing, Madras Medical College, Chennai-3** who validated the research tool and guided me with valuable suggestions and corrections.

It is my duty to express my heart felt thanks to Associate Professors of Padamasree College of Nursing, Walajabad, **Prof.Mrs.D.Thatchayani, M.Sc(N), Associate Prof.Ms.L.Periyanayaki, M.Sc(N)., M.B.A.(HM), Associate Professor, Mrs.L.Mohana, M.Sc(N), Associate Professor, Mrs.D.Nithya, M.Sc(N), M.Phil, Associate Professor, Mr.K.Gopinath, M.Sc(N), Assistant Professor, Mrs.A.Suganthi., M.Sc(N), Assistant Professor, Mrs.D.Vanisree, M.Sc(N), Assistant Professor, Mrs.J.Gayathridevi., M.Sc(N), Nursing Tutor, Mrs.K.Dharani, M.Sc (N), Nursing Tutor** for their valuable guidance moral support and encouragement in conducting and submitting this study.

It's a pleasure and privilege to express deep sense of gratitude thanks to **Mr.Muthuraman, M.Sc (Bio Stat), Lecturer in statistics Padamasree College of Nursing, Walajabad**, for his expert guidance and assistance in the statistical analysis.

It is my pleasure, privilege, heartfelt gratitude and indebtedness to my esteemed teachers for her valuable and expert guidance, thought provoking stimulation, encouragement, and support for me to the successful completion of this dissertation.

I am deeply obliged to the participants for sacrificing their valuable time and extending their kind cooperation to provide data and activity Therapy practices.

I extend my special thanks to all my friends who gave me support and immeasurable suggestions throughout the study.

ABSTRACT

Title: Assess the quality of life among elderly before and after reminiscence therapy in a selected old age home at Chennai.”

Psychotherapy is a means of minimizing mental health problems such as depression and of enhancing adherence to live in this world qualitatively and quantitatively. Reminiscence therapy is the type of group therapy in which self-esteem and social intimacy is improved through the review of past experiences. Quality of life and social functioning, is important among elderly. All activities are also designed by nurse to keep their mind active all the time, which helps to restore normal function.

NEED FOR STUDY

Reminiscence therapy is an independent nursing intervention in which repressed or painful topics are reviewed. One's personal life and certain traumatic experiences from the past are reviewed and healing is achieved through changes in one's perception of the past. In fact, reminiscence affects the recall of past memories and experiences and, thus, has a positive effect on emotions of people. Increasing life expectancy, reducing the symptoms of depression, increasing life satisfaction, and improving self-care, and assisting people to deal with crises and losses are some of the positive effects of reminiscence therapy among the elderly

OBJECTIVES

- 1) To identify socio demographic variables of elderly in selected old age home.
- 2) To assess the pretest level of quality of life among elderly in selected old age home.
- 3) To evaluate the post test level of quality of life after reminiscence therapy among elderly in selected old age home.

- 4) To determine the effectiveness of reminiscence therapy on improving quality of life among elderly in selected old age home.
- 5) To find association between the post test level of quality of life among elderly with selected socio demographic variables

METHODOLOGY

Research approach: Quantitative approach.

Study setting: Elderly residing at selected old age home at Chennai

Study population: Elderly both male and female..

Sample size: 60 samples

Design: Pre experimental one group pre test one group pre test and post Test design

Sampling technique: Random sampling technique.

Tool:WHO- Quality of LifeScale (BREF)

DATA COLLECTION PROCEDURE

- 1) Data were collected from selected samples in Old age home at Chennai. There are 60 samples collected and divided in to two groups. In pre test the level of QOL was assessed by QOL-WHO-(BERF) scale. Each group should to select in each week and gave the activity intervention such as reviewing past incidences and their events to identify socio demographic variables of elderly in selected old age home.
- 2) To assess the pretest level of quality of life among elderly in selected old age home.
- 3) To evaluate the post test level of quality of life after reminiscence therapy among elderly in selected old age home.

- 4) To determine the effectiveness of reminiscence therapy on improving quality of life among elderly in selected old age home.
- 5) To find association between the post test level of quality of life among elderly with selected socio demographic variables

After the intervention the post test was conducted.

DATA ANALYSIS

Demographic variables were analyzed with descriptive (mean, median and standard deviation) and clinical variables were inferential statistics (Chi-square and paired 't' test).

RESULTS

In this study In this study effectiveness was measured by increase in Quality of Life - QOL score as raise in the mean increase was 14.6 with mean deviation of ± 15.71 and the Standard Deviation difference was 9.0 with standard deviation of ± 10.71 the difference is high .

DISCUSSION

Reminiscence therapy is a healing and improving quality of life of elderly. The reminiscence therapy was effective to improve the quality of life by reviewing or recalling the past events improve among elderly residents of old age home. So that the hypotheses of this study is proved.

CONCLUSION

This study concluded that nurse's role in managing and improving the quality of life of elderly is mandatory. Reminiscence would neither decrease depression nor increase self-confidence among the elderly, but would increase the sense of recovery, pleasure, well-being, intimacy, self-assurance, and assurance in relation to others. In this study effectiveness was measured by increase in Quality of Life QOL score as raise in the mean increase was 14.6 with mean deviation of ± 15.71 and the Standard Deviation difference was 9.0 with standard deviation of ± 10.71 the difference is high .

LIST OF CONTENTS

CHAPTER	CONTENT	PAGE NO
I	INTRODUCTION	1
	1.1. Need for the study	3
	1.2. Statement of the problem	4
	1.3. Objectives of the study	5
	1.4. Hypothesis	5
	1.5. Operational definition	5
	1.6. Assumption	6
	1.7. Limitation	6
II	REVIEW OF LITERATURE	7
	2.1 Review related to study	7
	2.2 Conceptual framework	17
III	RESEARCH METHODOLOGY	21
	3.1 Research approach	21
	3.2 Research design	21
	3.3 Research variable	21
	3.4 Study setting	22
	3.5 Study population	22
	3.6 Sample size	22
	3.7 Criteria for Sample selection	22
	3.8. Development and description of the tool	23
	3.9 Pilot study	24
	3.10 Data collection procedure	24
	3.11 Plan for data analysis	25
	3.12 Schematic representation of research study	26
IV	DATA ANALYSIS AND INTERPRETATION	27
V	DISCUSSION	47

CHAPTER	CONTENT	PAGE NO
VI	SUMMARY, CONCLUSION AND RECOMMENDATION	50
	6.1 Major Findings of the Study	50
	6.2 Limitation	52
	6.3 Implication	52
	6.4 Recommendation	55
	6.5 Conclusion	56
VII	BIBLIOGRAPHY	
VIII	APPENDICES	

LIST OF TABLES

TABLE NO.	TITLE	PAGE NO
3.2	Schedule of data collection procedure	25
4.1	Distribution of socio-demographic profile	28
4.2	Assessment of pre and post-test level of QOL	42
4.3	Association post test level of QOL scores with selected demographic scores	44

LIST OF FIGURES

FIGURE NO	TITLE	PAGE NO
1	Modified conceptual framework based on Widenbach's Theory.	20
2	Schematic representation of the study	26
3	Distribution of sex of the elderly people	31
4	Age distribution of the elderly people	32
5	Education status	33
6	Religion	34
7	Nature of previous occupation	35
8	Marital status	36
9	Source of income	37
10	Duration of stay in old age home	38
11	Average sleep per day	39
12	Daily activities per day	40
13	Treatment for chronic illness	41
14	Effectiveness of reminiscence therapy	43
15	Age is association with QOL	46

LIST OF APPENDICES

S.NO	TITLE
1.	Certificate of Content Validity
2.	Letter seeking permission for conducting the study
3.	Study tool: Socio demographic information schedule. Quality of Life assessment by WHO (BREF).
4.	Reminiscence therapy: Introduction Genesis of Reminiscence therapy in psychiatry Therapeutic uses of Reminiscence therapy Role of psychiatric nurse in Reminiscence therapy Conclusion
6.	Informed Written consent
7.	English editing certificate
8.	Tamil editing certificate

LIST OF ABBREVIATIONS

ABBREVIATION	EXPANSION
QOL	Quality of life
CI	Confidence interval
ICD	International Classification of Disease
NIMHANS	National Institute of Mental Health and Neurosciences
PANS	Positive and Negative Syndrome
PTR	Pathways to Recovery
WHO	World Health Organization
SD	Standard deviation
χ^2	Chi square test

CHAPTER –I

INTRODUCTION

BACKGROUND OF THE STUDY

Ageing is a universal process and it affects each human being in the world by physically and psychologically. Ageing is a process that begins with conception but in practice, ageing is regarded as that phase in life when body functioning begins to decline in the loss of adaptive response to stress and in increasing risk of age related disease. It is a byproduct of demographic transition, the change from high fertility mortality rates. The mental health of elderly people, especially the high incidence of geriatric depression, has become an issue of increasing concern with the rapid growth of the ageing population (Karam GE 2012)

This phenomenon is more evident in developed countries but recently it seems to be increasing more rapidly in developing countries. The size of the elderly rose in absolute terms during the last century from 12 million in 1901 to approximately 71 million in 2001 and is likely to reach 113 in 2016, yet another feature of ageing in India is the fact that the proportion of elderly is much higher in the rural areas than in the urban areas.

Old age is an unavoidable reality and is a community need. Aging occurs at different dimensions, such as social, behavioural, psychological morphological and molecular. The elderly face several problems like physical health problems, financial problems. The identified problems in an elderly are feeling of negligence and loss of importance in the family and environmental problems. These problems further strengthen the feelings of loneliness, feelings of unwantedness, feeling of inadequacy, obsolescence of skill and education. Expertise on these aspects are interdependent and inductive in nature. Each one of these aspects may affect the quality and quantity of the problems in other categories.

The raising proportion of elderly people in the population in both developed and developing countries is creating new health care challenges in

the 21st century. Older age is inevitably accompanied by an increasing risk of physical and psychological disorder. Depression is the most common psychiatric disorder in older people with estimated rates ranging from 10% to 65%.

Quality of life is the subject of interest of various scientific disciplines. In the past, the focus was on the elimination and alleviation of suffering of the ill and the poor. Nowadays satisfaction with one's life is under investigation. Quality of life is about needs and the satisfaction of one's needs values and preferences, which naturally change with the development of a human personality (Cevela et al., 2013). With life expectancy increasing, it is becoming more and more important to consider the factors that can positively influence ageing and quality of life in old age. The basic starting point for the application of reminiscence in the care of the elderly in institutions is the adoption of the principles of patient-centered care – such care which would be based on respect and aimed at promoting human dignity.

Reminiscence therapy is a biographical intervention that involves either group reminiscence work, where the past is discussed generally, or the use of stimuli such as music or pictures. Although closely related to reminiscence therapy, life story work tends to focus on putting together a life story album for an individual (Moos and Bjorn, 2006). Evidence suggests that reminiscence therapy can lead to overall improvements in depression and loneliness and promote psychological well-being (Chiang et al, 2010).

Reminiscence therapy is a method of using the memory to protect mental health and improve the quality of life. Reminiscence is not just to recall the past events or experiences. It is a structured process of systematically reflecting on one's life with a focus on re-evaluation, resolving conflicts from the past, finding meaning in one's life and assessing former adaptive coping responses. Watt and Wong (1991) defined six types of reminiscence: integrative, instrumental, transmissive, narrative, escapist and obsessive. They identified the integrative and instrumental reminiscence was related to adaptation and well-being among older adults, and developed the corresponding intervention manual (Burner 2010).

1.1. NEED FOR THE STUDY

Human ageing is a broad concept that is studied from many perspectives; philosophical, religious, biological, psychological, sociological, historical and economic. Although it is viewed from only one of these perspectives, aging is a process that involves the total person in the broadest sense of that word. Physically the aging process consists of intrinsic, subtle changes in all body systems. Similarly emotional and intellectual growth is influenced by physical and environmental factors

The Indian scenario of ageing population brings to light that India's population of just over one billion in the year 2000 continues to grow at about 1.5% per annum and is expected to exceed one and a half billion in the year 2000 continues to grow at one and half billion by mid century .The 2001 census of India states that there are 76.6 million people over the age of 60, accounting for 7.4% of the total population of India .The share of the elderly in India constitutes 13% of the world's total elderly population

It is projected that the number of the older persons will be 94.8 million in 2011 and 143.7 million by 2021 Further,63% of the total elderly population is in age group of 60-69 years ,26% in age group of 70-79 years and 11% in age of 80 years and above and it has been projected that by 2050, the number of elderly people would raise to about 324 million .India has acquired label of an "ageing nation" with 7.7% of its population being more than 60 years old. (Hazra, 2009)

According to 1901 census there were only 12 million populations above the age of 60 years in India. In the next fifty years the population of aged increased to 20 million. But in the next fifty years it is increased almost three times and reached around 77 million in 2001.

Reminiscence can take place in pairs or groups. The nurse leading such a group assumes a multi-faceted role. The associated functions include keeping the group intact, preventing attrition, skillfully monitoring group processes, protecting the weakest members of the group, and concurrently using group process skills and implementing the best there. Reminiscence

therapy aims to review and analyze patient's memories of their personal lives, as the main essence of treatment; Evidence has shown that it is effective in improving quality of life.

Evidence suggests that reminiscence therapy can lead to overall improvements in depression and loneliness; promote psychological well-being and improve quality of life (Chiang et al, 2010). Research also supports the view that reminiscence therapy, including life story work, can improve relationships between people with dementia and their carers and thereby 'benefits both' (Woods et al, 2009:1; Clarke et al, 2003; McKeown et al, 2006). Other reported benefits include enhancing the opportunity to provide personal and individualised care, improve in quality of life and assisting the individual move between different care environments such as home to care home, or between care homes (Murphy, 2000).

In recent years, researchers developed the continuity theory and contributed other insights in understanding the importance of reminiscence. According to continuity theory, when individuals encounter life-events which need them to change or convert, they will use adaptive strategy by linking present to their past experiences. This strategy is adopted to "preserve and maintain existing internal and external structures" and "produce continuity in inner psychological characteristics as well as in social behavior and in social circumstances"(Jones 2013)

As a psychiatric nurse investigator identified the integrative and instrumental reminiscence was related to adaptation and well-being among older adults, and developed the corresponding intervention manual. It is simply good old-fashioned communication, which should never go out of fashion in nursing (Klever, Sandy, 2013).

1.2 STATEMENT OF THE PROBLEM

Assess the quality of life among elderly before and after reminiscence therapy in selected old age home at Chennai.

1.3 OBJECTIVES

- 1) To identify socio demographic variables of elderly in selected old age home.
- 2) To assess the pretest level of quality of life among elderly in selected old age home.
- 3) To evaluate the post test level of quality of life after reminiscence therapy among elderly in selected old age home.
- 4) To determine the effectiveness of reminiscence therapy on improving quality of life among elderly in selected old age home.
- 5) To find association between the post test level of quality of life among elderly with selected socio demographic variables

1.4 HYPOTHESIS

- H1** There will be a significant difference in the quality of life among the elderly before and after reminiscence therapy.
- H2** There will be a significant association between mean differences in quality of life with selected socio demographic variables among elderly.

1.5 OPERATIONAL DEFINITIONS

- 1) ***Quality of life:*** It refers to the level of satisfaction in life as experienced and expressed by the elderly individual in physical, social, environmental and spiritual domains. Quality of life was measured by items in the standardized interview schedule (WHO BREF SCALE). QOL was measured in terms of QOL of scores.
- 2) ***Elderly:*** It refers to those individuals who belongs to the age group of 60 years and above and who fulfilled sample selection criteria.
- 3) ***Reminiscence Therapy:*** It refers to the mental process of recalling and thinking about or relating of past experience. It is used as a

nursing intervention to enhance life .In this study elderly individual approach to stimulating, reflection and talking on personal memories related to the events in childhood, work, marriage, social accomplishment and most memorable moment were done. Each day one area was focused using the probe specified in the reminiscence therapy guide for elderly.

- 4) ***Old age home:*** An residential old age home refers to structured building where in male and female persons between age of 60- 80 years and above stay on payment.

1.6 ASSUMPTION

The researcher assumes that

- 1) The elderly people have low quality of life during the stay at old age home.
- 2) The elderly people improve their quality of life by adopting reminiscence therapy.
- 3) Level of quality of life varies from individual to individual.
- 4) Reminiscence therapy helped to improve quality of life of old age residents.
- 5) Reminiscence therapy helped to provide better nursing care to the elderly clients.

1.7 DELIMITATION

- 1) The study is limited to elderly people who are residing in old age home.
- 2) Elderly people who can understand Tamil or English and respond verbally.
- 3) The study is limited to data collection period of four weeks.

CHAPTER –II

REVIEW OF LITERATURE

Literature review serves a number of important functions in nursing research process. It helps the investigator to generate ideas or to focus on a research approach, design, conceptual frame work methodology, meaning tools and even type of statistical analysis that might be productive in pursuing the research problem. Review of literature in the study is organized under the following headings.

I. Reviews related to quality of life among elderly.

II. Reviews related to reminiscence in elderly

2.1.1` Reviews related to quality of life among elderly.

CharmiJebapriya, et.al., (2015) assessedeffectiveness of Laughter therapy Versus Reminiscence therapy on perception related to Quality of life, among senior citizens living in old age homes in coimbatore, TamilNadu. WHOQOL BREF SCALE was used to measure the quality of life before and after the therapy. The results showed that laughter therapy was more effective in improving quality of life when compared with reminiscence therapy among senior citizens who are residing at old age home.

JarmilaSiverova, et.al., (2014) evaluated the influence of reminiscence on their quality of life, cognitive function, and the presence of depressive symptoms and to recognize the importance of reminiscence in the provision of nursing care for the elderly in a health care facility. The research sample consisted of 41 patients older than 60 who were admitted to the LTCI with reduced cognitive function, MMSE test results of 24 or less and who had signed an informed consent form. The method chosen was quantitative research using standardized measuring instruments used in geriatrics, namely the WHOQOL-BREF, WHOQOL-OLD, AAQ, MMSE and GDS questionnaires. These questionnaires were used before and after intervention. The reminiscence intervention therapy was carried out in groups of 5-10 participants once a week for 6-8 weeks and had a narrative character. It

reveals that the elderly in the LTCI had slightly reduced quality of life in terms of independence and social participation.

Jenny C.C. Young., (2008) examined the values of a reminiscence programme, adopting an intergenerational approach, on older persons with early dementia and youth volunteers. Method: A pre- and post- one group design was adopted. Forty-nine elderly participants with early dementia and 117 youth volunteers participated in the study. Each elderly participant was assigned to two youth participants. This dyad group participated in a 12-session reminiscence programme. The youth participants acted as facilitators to prompt the elderly participants to share and discuss past events and experiences, and to support them to fabricate a personalized life-story book. An occupational therapist provided ongoing support and monitoring. The results shows Significant pre- and postprogramme differences were found for QOL-AD (mean change =)1.91; 95% CI = (3.18),(0.64) and CGDS (mean change = 1.86; 95% CI = 0.92, 2.80) among the elderly participants, and for DQ (mean change =)1.14; 95% CI = (2.11), (0.17) among the youth participants. Volunteers also showed positive appreciation of older persons and opined that this community service provided them an opportunity to reflect on their relationship with elderly relatives. Some volunteers, however, commented the heavy workload of the reminiscence programme.

Salati.M, et.al., (2008) Measured the residual quality of life (QoL) in elderly patients who have under gone major lung resection for lung cancer. From July 2004 through August 2007 a total of 218 patients, 85 of whom were elderly (70 years), had completed preoperative and postoperative (3 months) quality of life measures assessed by the Short Form 36v2 health survey. QOL scales were compared between elderly and younger patients. Furthermore, limitedto the elderly group, they compared the preoperative with the postoperative SF36v2 measures and the physical component summary (PCS) and mental component summary (MCS) scoresbetween high-risk patients and low-risk counterparts. The postoperative SF36 PCS (50.3 vs.50, P=0.7) and MCS (50.6 vs. 49, P=0.2) and all SF36 domains did not differ between elderlyand younger patients. Within the elderly, the QoL returns to

the preoperative values threemonths after the operation. There was no significant difference between elderly higher-riskpatients and their lower-risk counterparts postoperatively.

Nilsson., (2007) conducted a cross sectional study in rural Bangladesh and Veitnam to assess the health quality of life elderly and found that there were similarities between the two countries. Advanced age, being a woman, belonging to poor households and having a poor self reported health status were significantly associated with poor health related quality of life. Illiteracy was additionally found to be a significant determinant of poor health related quality of life in Bangladesh

Hitt , Lie., (2007) conducted a study to assess the effect of exercise program on quality of life of older people who had a fall. The investigators gave exercise training interventions like difficult stretching, muscle strengthening and balance training for (10-60) three times a week under the supervision of the physical therapist where as educationintervention pamphlets containing information on fall prevention, preventive exercise and safety improvements that could be made around the home were given to the exercise education group and found that quality of life of the exercise training group was greater than those of the exercise education group.

Breeze, et.al., (2006) in Britain found that, excess risk of poor quality of life forindependent people was 62%. Having a low socio-economic position in middle age as well as in old age exacerbated the risks of poor outcomes in terms of quality of life of elderly in old age. Among people living with someone other than spouse, the excess risk from renting ranged from 24% to 93% which affected the quality of life of elderly .

Chaosy, et.al., (2006) conducted a quasi –experimental study on the effectiveness of group therapy in nursing. Home random sampling was used to recruit participants .Residence of one ward was assigned to the reminiscence therapy group intervention while the residents of the other ward served as controls .One-hour sessions were designed to elicit reminiscence group therapy for 12 elders in the experimental group. The other 12 elders were

selected for a control group. Depression, self esteem and life –satisfaction were measured one week before and after therapy .

Soghia.,(2006) conducted a study to assess the relationship between quality of life and socio demographic characteristic among older people in Iran and found that the quality of life of elderly was moderate. He also found that there was no difference in quality of life based on age, living arrangement or marital status.

Goswami, et. al, (2004) conducted study to “assess self rated health status of aged in a rural area in “Britain” and found, that majority of respondents rated their health status as “not healthy” (61.6% males and 71.6% females). The proportion of male respondents reporting themselves to be not healthy was 65.8% among illiterates compared to 54.2% among literates. However there was a significant difference in the quality of life of those with a serious illness and those without serious illness ($p < .05$). Owner had a higher quality of life than those who continued to rent their property. There was no relationship between the number of state or occupational pensions that the household received and the individuals quality of life ($p > .05$). There was difference in the quality of life of those who lived in a household that received income from another source and those who did not receive.

Antony. L., (2005) conducted the study to assess the quality of life before and after laughter therapy in old age homes 30 samples were selected QOL tool was used .Intervention Laughter therapy was given for a week. After the intervention there was significant difference in quality of life. Statistical significance in all domains .Findings suggested that reminiscence therapy was effective for old age people.

Xavier, et.al., (2004) it was found that more than half of the studied sample (57%) defined their current quality of life with positive evaluations, where as 18% presented a negative evaluation and 25% defined their current lives as neutral or having both values. The main source of reported daily well-being was the involvement with rural or domestic activities among the

interviewed. Lack of health was the main source for the not presenting well being. Although there was each interpersonal variability regarding what each subject considered as loss of health.

2.1.2 Reviews related to reminiscence in elderly

ZahraYousefi, et.al., (2015) investigate the effect of reminiscence therapy on Iranian elderly women's happiness. Patients and Methods: This randomized clinical trial conducted on 32 elderly women (census sampling) attending the jahandidegan daycare elderly center in Gorgan city, Iran, in 2013. Happiness scores of 4 phases were measured: before, the third session, the sixth session and one month after the intervention. Three instruments were used in this study including a demographic questionnaire, the mini mental state examination test, and Oxford happiness questionnaire. The intervention group participated in six sessions of narrative group reminiscence that were held in three consecutive weeks, two sessions per week. The control group was also participated in six sessions of group discussions that were held in three consecutive weeks, two sessions per week. Data analysis was performed the chi-square, independent t-test, Paired t-test. It reveals that a total of 32 elderly women, 29 cases completed the study. No significant differences were found between the two groups in terms of demographic characteristics. The mean happiness scores before the intervention between the two groups were not significantly different ($P = 0.824$). Comparison of the mean happiness scores of the intervention group in the four measurement times revealed a significant difference only after the third and sixth sessions ($P = 0.03$), and no significant difference was found between the mean happiness scores of the control group in the four measurement times.

ImanGhanbarpanah, et.al., (2014) conducted a study on determination of effects of 8 weeks (8 sessions) group reminiscence on depression of mild cognitive impaired elders of Iran's "Jahandidegan-e-Shiraz" institute. Hence, 72 persons (48 females and 24 males) among 60-84 years old mild cognitive impaired elders were purposefully chosen as the subjects, and were randomly divided to 3 teams of group reminiscence, group intervention and without intervention, with consideration of equal proportions

of males and females. Depression questionnaires were filled by the subjects, before and after the intervention. The intervention was in a manner that the group reminiscence team participated in 8 group reminiscence sessions (1 weekly 90 min session for 8 weeks). Meetings of the group intervention team were similar to the group reminiscence one, except the subjects of group intervention team only talk together as a group. The third team didn't receive any intervention. In order to investigate and compare variations of under study variable, statistical methods of independent one-way variance analysis test, Kruskal-Wallis test, T paired test and K-squared test were utilized. Depression decreased significantly, among the two teams of group reminiscence and group intervention ($P < 0.05$), but increased insignificantly in without intervention group ($P > 0.05$). Also, the variation among the group reminiscence team was significantly more than its increment in the without intervention one ($P < 0.05$) and was insignificantly more than its change among the group intervention one ($P > 0.05$). This variation among group intervention team was insignificantly more than its change in the without intervention group ($P > 0.05$).

Jing-Jy Wang., (2014) investigated on group reminiscence therapy on dementia elders in order to promote their health and quality of life. Several outcome variables associated with dementia patients, including depressive symptoms, cognitive impairment, behavior competence and physical functioning were suggested. The procedure of group reminiscence and cultural sensitive themes designated into each group reminiscence intervention session were introduced. The reminiscence intervention demonstrated effects for alleviating depressive symptoms and cognitive impairment; however it did not show any effectiveness on increase in behavior competence and physical functioning in elders with dementia. It reveals that, reminiscence can be a care modality of promoting healthy aging.

Gaggioli A.et.al., (2014) assessed effectiveness of group reminiscence for improving wellbeing of institutionalized elderly adults: study protocol for a randomized controlled trial. The study includes two groups of 20 hospitalized elderly participants: the experimental group and the

control group. Participants included in the experimental group will receive six sessions of group reminiscence therapy, while the control group will participate in a recreational group discussion. A repeated-measures design will be used post-intervention and three months post-intervention to evaluate changes in self-reported outcome measures of depressive symptoms, self-esteem, life satisfaction, and quality of life from baseline.

Endang Nurul Syafitri., (2013) evaluated on effectiveness of reminiscence group therapy as regimen for elderly depressed in selected social institution Yogyakarta Indonesia: a customized therapeutic reminiscence therapy module. This study utilized Quasi Experimental Design. Reminiscence Group Therapy is designed as the treatment or intervention for the experimental group of respondents. The respondents of the study was composed of 60 elderly clients in which they were divided into two groups, thirty under the control group and thirty for to the experimental group. The statistical treatments used were weighted mean for problem 1 and 2, Wilcoxon Rank Signed test for Problem #3 ,and Mann Whitney U test for problem #4 and based on the findings of the study a customized therapeutic reminiscence group therapy was developed. The result reveals that the significant difference in the depression level of the experimental group of elderly respondents before and after RGT revealed that there was a significant difference as confirmed, with P value of 0.000 which is significant at 0.01 level, thereby the null hypothesis was rejected utilizing the Wilcoxon rank signed test. Likewise, in the depression level of the experimental group elderly respondents belonged to the experimental and control group after the RGT utilizing the Mann Whitney U test revealed a significant difference with P value of 0.001, thereby the null hypothesis was rejected. A customized therapeutic reminiscence group therapy module was developed based on the result of the findings of the study.

Daniel Jorge Luis SerraniAzcurra., (2012) investigated on a single-blinded, parallel-groups (intervention, active and passive control groups) randomized controlled trial (RCT) was chosen to investigate whether a specific reminiscence program is associated with higher levels of quality of

life in nursing home residents with dementia. The intervention used a life-story approach, while the control groups participated in casual discussions. The Social Engagement Scale (SES) and Self Reported Quality of Life Scale (SRQoL) were used as the outcome measures, which were examined at baseline (T0), 12 weeks (T1), and six months (T2) after the intervention. The final sample had 135 subjects (active control group = 45; passive control group = 45; intervention group = 45). The results was the Wilcoxon test showed significant differences in the intervention group between T2 and T0, and between T1 and T0 in the SES, and there were significant differences between T0 and T1 (intervention effect size = 0.267) and T1 and T2 (intervention effect size = 0.450) in the SRQoL. The univariate logistic regression scores showed that predictors of change in the SRQoL were associated with fewer baseline anxiety symptoms and lower depression scores.

Ting-ji Chen, et.al., (2012) examined effects of reminiscence therapy on depressive symptoms of Chinese elderly: study protocol of a randomized controlled trial with 60 older adults (≥ 60 years of age) with mild to moderate depression will be randomly assigned to an experimental or a control condition. The participants in the experiment group will receive the reminiscence therapy under the Watt's protocol with adaptation to Chinese Culture which consists of six weekly sessions of 90 minutes each. The control group will be treated as before. An assessor who is blind to intervention will conduct the measures before treatment, after treatment immediately, and three months after treatment.

F.Sharif, et.al., (2010) studied on effect of group reminiscence therapy on depression in older adults attending a day centre in Shiraz, southern Islamic Republic of Iran. A sample of 49 people aged 60+ years participated in 6 group reminiscence sessions that were held twice weekly for a 3-week period and completed a Farsi version of the 15-item geriatric depression scale. Mean depression scores decreased significantly from 8.18 (SD 1.20) before the intervention to 6.73 (SD 1.20) immediately after it and 7.55 (SD 1.19) one month after the intervention. When analysed by

demographic characteristics only marital status showed a statistically significant difference in depression scores comparing before and after the intervention.

Sarah Housden., (2009) administered reminiscence in the prevention and treatment of depression in older people living in care homes. Systematic reviews of research into reminiscence as a treatment for depression have produced contradictory results, partly due to the lack of a standardised approach to reminiscence in the original studies.. After inclusion and exclusion criteria had been applied, a total of ten papers were critically appraised. Two of these were subsequently excluded due to serious weaknesses in methodology, leaving eight papers for analysis and synthesis. From these eight papers, 5 key themes were discerned, leading to insights into factors which assist and limit the effectiveness of reminiscence. These include the social aspects of reminiscence, together with opportunities for selfexpression, sharing of emotions, and developing trusting relationships with group leaders. Reminiscence was found to be a particularly useful activity for care home residents because of combining a number of different benefits in one activity. However, a cautionary note is sounded about reminiscence work being undertaken by untrained staff that may have little appreciation of the dangers of reminiscing for some clients.

Nemati Dehkordi SH.et.al.,(2008) conducted a interventional study, a total of 64 elderly referred to retirement center in Shahrekord city during 1358 were selected using random sampling and were divided randomly in two groups of case and control groups. Subsequently, each of the two groups was divided into 8-individual groups. Reminiscence meetings and group meetings were run for experimental and control group, respectively for eight sessions (one hour and a half, each). Quality of life of the individuals before and after the intervention was evaluated using lipid life quality questionnaires. Data were analyzed using Chi-square and paired t tests.It shows that there was no significant difference in educational level, marriage, age, and income and life quality dimension between the two groups. Mean of life quality in the case group, pre and post intervention was 48.26 ± 1.01 and 62.07 ± 1.02 , respectively ($p < 0.05$). Also, in this group, mean of post intervention (compared with pre intervention) life

quality in the cases of physical activity, depression and anxiety, cognitive activity, social and life satisfaction dimension was increased ($p < 0.05$). However, pre and post intervention, there was no significant difference in the cases of self care dimension in experimental group and in total life quality dimension in control group.

Kim KB, et.al.,(2006) investigated on effects of individual reminiscence therapy on older adults' depression, morale and quality of life. Research design was a single-group pre-test and post-test study. subjects consisted of 31 older adults from two senior centers and a welfare center in Seoul. Individual reminiscence therapy was applied to study subjects four times, once a week for an hour at each time. Measurement tools were the Geriatric Depression Scale Short Form Korea (GDSSF-K) for depression, MunAe-ri's (1996) scale for morale, and Medical Outcomes Study Short Form 36 (SF-36) for the quality of life. Data was analyzed using descriptive statistics, paired t-test, and Pearson correlation. The results shows that the application of individual reminiscence therapy reduced older adults' depression ($t = -5.65$, $p = .000$), and enhanced older adults' morale ($t = 4.65$, $p = .000$). The application of individual reminiscence therapy improved older adults' quality of life ($t = 5.00$, $p = .000$).

Shu-Yuan Chao, et.al., (2006) conducted a quasi-experimental study was to describe the effect of participation in reminiscence group therapy on older nursing home residents' depression, self-esteem, and life satisfaction. Purposive sampling was used to recruit participants who met the study criteria. Residents of one ward were assigned to the reminiscence therapy group intervention, while residents of the other ward served as controls. Nine weekly one-hour sessions were designed to elicit reminiscence as group therapy for 12 elders in the experimental group. Another 12 elders were recruited for a control group matched to experimental subjects on relevant criteria. Depression, self-esteem, and life satisfaction were measured one week before and after the therapy. The Statistical Package for the Social Sciences (SPSS, Version 10.0) was used to analyze data. The results indicated

that group reminiscence therapy significantly improved self-esteem, although effects on depression and life satisfaction were not significant.

2.2 CONCEPTUAL FRAME WORK

All research studies have the frame work of back ground knowledge that provide the foundation for the study. The frame work serves to organize the study by placing it in the content of existing related knowledge as well as providing a context with in to interpret the result of the study.

Concept is defined as a complex mental formation of an object, promptly on or even experience. Theories and conceptual models are primary means providing a conceptual context for the study.

Conceptualization is a process of forming ideas, which are utilized and forms conceptual frame work for the development of research design. It helps the investigator to know what about data need to be collected and given direction to the entire research process.

The conceptual model selected for this study is based on “Widenbach’s helping arts of clinical nursing theory” adopted by Ernestine Widenbach’s in 1964, which aims to assess the quality of life among elderly before and after reminiscence therapy in a selected old age home at Chennai.

The conceptualization of nursing practice according to the theory has three components which are as follows:

- 1) Identification of the patient need to help.
- 2) Ministration of needed help.
- 3) Validation of action taken to meet the needed help.

STEP –I- IDENTIFICATION

It refers to the determination of the clients need for help by the process of sample selection on the basis of inclusion criteria followed by assessing level of quality of life by using a WHO BREF scale among the elderly residing at old age home in Chennai.

STEP –II- MINISTRATION

It refers to the provision of needs help to fulfill the identified need.

It consist of three components

- 1) Central purpose
- 2) Prescription
- 3) Realities

CENTRAL PURPOSE

It refers to the effective of reminiscence therapy on improving quality of life among the elderly residing at old age home in Chennai.

PRESCRIPTION

A prescription refers to the activity which specified both nature of action and the thinking that will leads to fulfillment of nurse's central purpose. These include the reminiscence therapy on improving quality of life among the elderly residing in old age home at Chennai. It has elderly individual approach to stimulating, reflection and talking on personal memories related to the events in childhood, work, marriage, social accomplishment and most memorable moment were done. Each day one area was focused using the probe specified in the reminiscence therapy guide for elderly.

REALITIES

It indicates the factors that influence the nursing action. This include four realities:

Agent: The investigator is - Community Mental Health nurse.

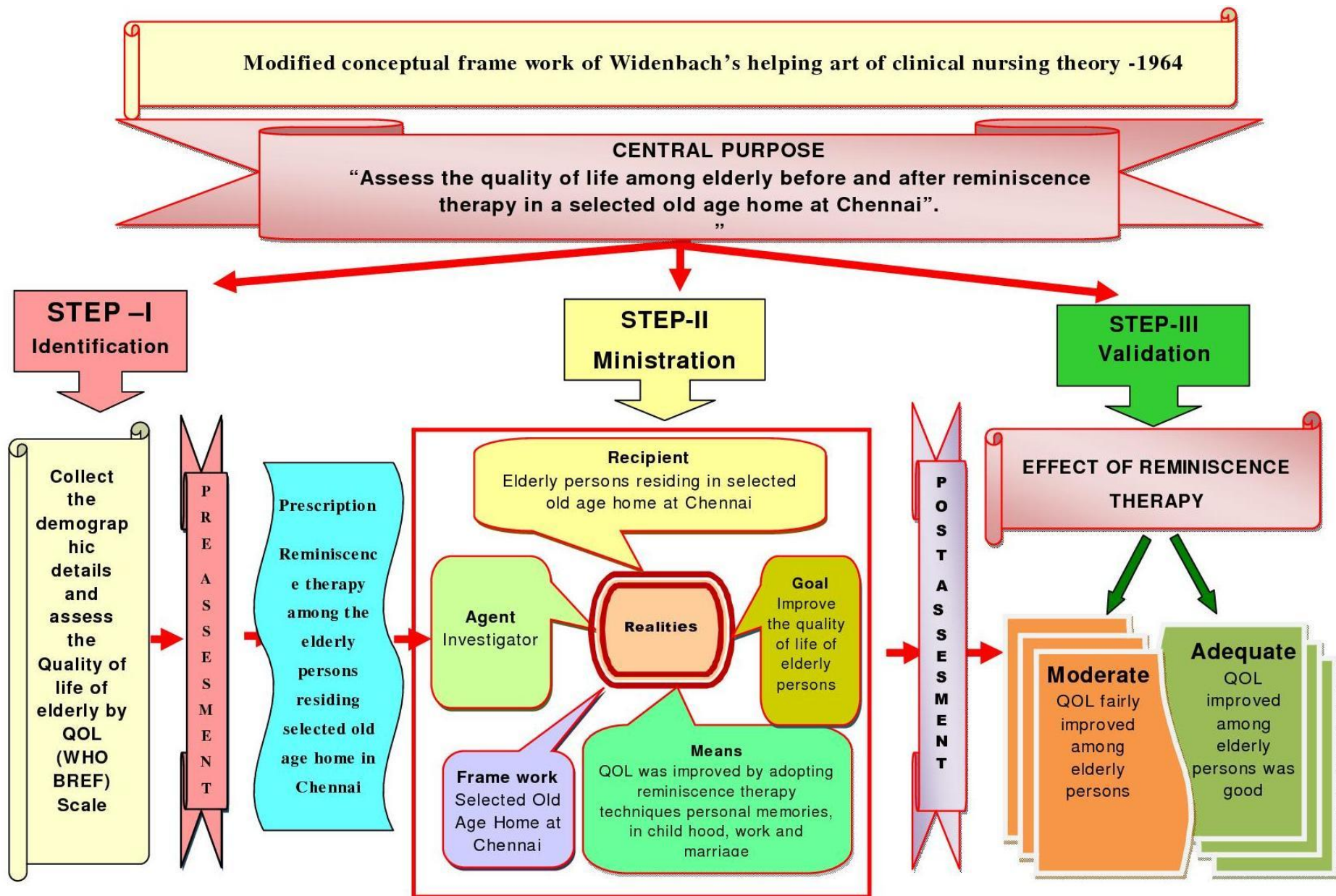
Recipient: The elderly clients residing at selected old age home at Chennai..

Goal: By doing reminiscence therapy activities would improve quality of life of elderly persons residing at old age home in Chennai.

Mean: The reminiscence therapy, it has elderly individual approach to stimulating, reflection and talking on personal memories related to the events in childhood, work, marriage, social accomplishment and most memorable moment were done. Each day one area was focused using the probe specified in the reminiscence therapy guide for elderly.

Frame Work: It refers to the facilities in which nursing care is practical which indicate selected old age home in Chennai.

STEP- III - VALIDATION: Validation refers to the collection of evidence that shows the elderly persons need have been met that the quality of life was improved and functional ability has been restored as a direct result of Reminiscence therapy. In this study validation includes improve the level of quality of life among elderly persons with lowering of quality of life in selected old age home at Chennai.



CHAPTER – III METHODOLOGY

This chapter consists of the research design, the variable of the study, the setting, and the population sample, sample size, sampling technique, selection criteria, development and description of tool, content validity, pilot study, reliability, data collection procedure and plan for data analysis.

3.1. RESEARCH APPROACH

The research approach is the most essential part of any research. The entire study is based on it. The research approach used in the study is applied form of research to find out a well programme, treatment, practice or policy as effective as possible. In this study effectiveness of reminiscence therapy on quality of life among the elderly was evaluated. Therefore an evaluation approach was essential to test the effectiveness of interventions.

RESEARCH DESIGN

The investigator has selected the pre-experimental design as suitable method for study. There is a treatment group without a control group. All the subjects are given the pre-test, received the reminiscence therapy and post test.

Sl No	Group	Pre-Test	Intervention	Post-Test
1	Elderly with lowered in Quality of life in old age home	O1	X	O2

VARIABLES

A variable is a characteristic, which can be taken on different values. The categories of variables discussed in the present study were

Independent Variable: Reminiscence therapy.

Dependent variable: Quality of life

SETTING

According to Polit and Hunger (1997), setting refers to the physical location and condition in which data collection takes place in the study. The setting was selected based on acquaintance of the investigator with the institution, feasibility of conducting the study, availability of the sample, Permission and proximity of the setting to investigation

The study was conducted on selected old age home at Chennai.

POPULATION

Target population was the aggregate of cases about whom the researcher would like to make generalization. The elderly individuals are target population. Accessible population is the aggregate of cases that conform to the designed criteria and which is accessible to the researcher. The elderly population in selected old age home at Chennai.

SAMPLING TECHNIQUE & SAMPLE SIZE

All the elderly individual were included in the study who fulfilled the sampling criteria using the enumeration method 60 elderly individuals were included in the study.

SAMPLING CRITERIA

The study samples will be selected randomly by the following inclusion and exclusion criteria.

Inclusion Criteria

- ❖ Elderly individuals who were above 60 -80 years of age.
- ❖ Elderly individuals who could able to understand Tamil.
- ❖ The elderly persons willing to participate in the study.

Exclusion Criteria

- ❖ Bed ridden elderly persons
- ❖ Terminally ill or chronic ill elderly persons.
- ❖ People who were suffering with organic brain syndrome (Elderly)

DESCRIPTION OF THE TOOL

The tool developed for the study was an interview schedule with two sections.

Section – I: This section includes socio demographic variables such as sex of the client, age, marital status, education, occupation, source of income, length of stay, sleep, daily activities, and chronic illness.

Section – II (WHO-QOL SCALE): With best efforts, the investigator traced out the standardized tool for quality of life developed by WHO QOL BREF (1995). The same was used among elderly. It was a 5 point scale.

REMINISCENCE INTERVENTION

Reminiscence is an independent nursing therapy used by a variety of health and social care professionals, involving re-collection of previous events and feelings which aim to facilitate pleasure, quality of life or adaptation of new circumstances through the process of group reminiscence therapy.

The reminiscence intervention consists of issues related to childhood days; work, marriage, social accomplishment, and most memorable moments. Pre-test on quality of life is done by interview method. The clients were encouraged to reminisce on the specific areas listed in the reminiscence guides. Discussion on specific issues was made between the groups.

PILOT STUDY

The pilot study was a small scale version or trial run of the major study. The function of the pilot study is to obtain information for improving the project assessing its feasibility.

Prior permission of the authorities was obtained. The pilot study was conducted in selected old age home at Chennai among 5 elderly who were not included in main study sample, who fulfilled the criteria of sample selection with regard to the setting, with the co-operation of the people and the availability of the samples, the study was found to be feasible. The structured interview scheduled found to be appropriate for the study. To make the decision regarding the type of analysis, statistical tests were taken.

DATA COLLECTION

Formal permission was obtained from the authorities concerned. The study samples were selected by random sampling technique among them who satisfied the sampling criteria. A total of 60 elderly were recruited in the study. The participants of study were organized in two groups with the help of the in charge of the old age home. The purpose of the study was explained. The samples were screened based on the inclusion and exclusion criteria.

Informed consent was obtained from the elderly persons. Confidentiality of shared information was assured. The pre-test was conducted in the group. The quality of life was assessed by the interview method which took 30 minutes for each person. The intervention was done in 30-40 min for each group for 10-15 days. Two groups with 30- 35 members in each group reminiscence the issues related to childhood, marriage, work, social accomplishment and memorable moment. On 10th day post test was conducted.

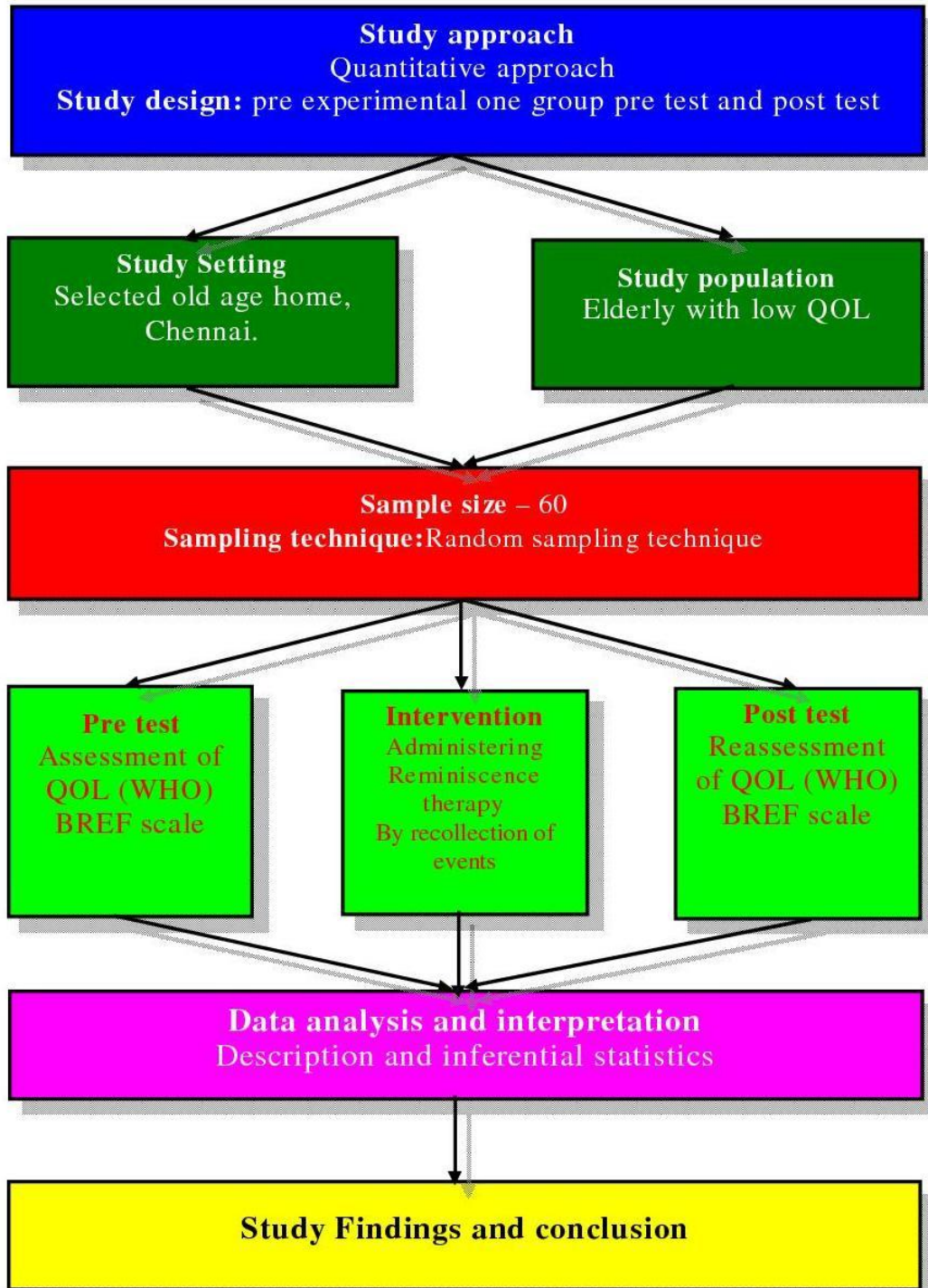
S.No	Day	Reminiscence therapy techniques	Time	Elderly persons
1	I	Introduction of study with objectives, Listen actively of memories	45 minutes	Develop confidence
2	II	Evoke personal memories from past	45 minutes	Sense of security
3	III	Proactive approach to life in the childhood	45 minutes	Make active
4	IV	memories, comforting of Rehearsal	45 minutes	Raise of self esteem
5	V	work of Rehearsal and marriage,	45 minutes	Memory recall
6	VI	Remote memories and autobiographical memories	45 minutes	Cognitive support measure
7	VII	History of social accomplishment	45 minutes	Review of past event
8	VIII	Rewarding or attainable tune with current conditions of living	45 minutes	life of quality Improved
After 15 days			Post test conducted	

PLAN FOR DATA ANALYSIS

Data analysis is the systematic organization and synthesis of research data and testing of the research hypothesis using that data.

The data collected from subjects were grasped and analyzed using descriptive and inferential statistics. The following plan for analysis was developed.

SCHEMATIC REPRESENTATION OF RESEARCH STUDY



CHAPTER –IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of the data obtained from 60 elderly with low quality of life who were residing in selected old age home, Chennai. The collected data were tabulated and presented according to the objectives under the following headings

Section-I: Socio demographic profile of the elderly.

Section-II: Existing level of QOL before reminiscence therapy intervention

Section-III: Post test level of QOL after reminiscence therapy intervention

Section-IV: Effectiveness of the reminiscence therapy intervention.

Section-V: Associate the effectiveness of reminiscence therapy intervention with selected demographic variables.

SECTION - I

TABLE 4.1: SOCIO DEMOGRAPHIC PROFILES OF ELDERLY

N= 60

Demographic variables	Frequency(n)	Percentage (%)
Gender		
Male	22	36.7
Female	38	63.3
Age		
61-65 yrs	52	86.7
66-70 yrs	8	13.3
71-80 yrs	-	-
Education		
Illiterate	14	23.3
Literate	46	76.7
Religion		
Hindu	52	86.7
Muslim	-	-
Christian	8	13.3
Nature of previous occupation		
Skilled	40	66.7
Unskilled	-	-
Un-Employed	20	33.3
Marital status		
Married	34	56.7
Widow(er)	2	3.3
Divorce	2	3.3
Unmarried	22	36.7
Source of income		
Pension	18	30.0
Children	22	36.7
Old age pension	18	30.0
Nil	2	3.3

Demographic variables	Frequency(n)	Percentage (%)
Duration of stay in old age home?		
1 to 3 years	18	30.0
>3 years	42	70.0
Average sleep per day?		
<8 hours	26	43.3
8 hours	32	53.3
>8 hours	2	3.3
Activities done presently in a day?		
Exercise	42	70.0
Gardening	6	10.0
Playing	-	-
Watching T.V	1	20.0
Are you treated for any other chronic illness? (E.g.:BP,Diabetesetc)		
Yes	26	43.3
No	34	56.7

Table 4.1: Shows the demographic information of elderly residing in selected old age home

Among elderly residing in old age home gender wise mostly female inmates were 63.3% and males were 36.7%

Age group wise elderly were 61-65 years, about 86.7%, 66-70 years were, 13.3%.

As far as the educational status of the elderly was concerned higher proportion 76.7% of the elderly had literate and, 23.3% of women were illiterate.

In religion: 86.7% of the elderly were Hindu, 13.3% of women belongs Christian and none of them were Muslim.

Nature of previous occupation most of the was skilled 86.7% and unemployed 33.3% and none of them unskilled.

Majority of the elderly 56.7% were married, unmarried women were 36.7%, widow 3.3% and divorced 3.3%

Source of income through children were 36.7%, by pension and old age pensioner equally 30.0% and nil was 3.3%.

Duration of stay in old age home was majority of them >3 years was 70% and 1-3 years were 30%.

Duration of sleep 8 hours was 53.3%, < 8 hours 43.3% and > 8 hours 3.3%.

Activities done presently in a day majority of elderly practice was exercise 70.0%, watching T.V 20.0% and gardening was 10.0%.

Treatment for any other chronic illness like B.P and Diabetes majority of the elderly was no 56.7% and yes 43.3%

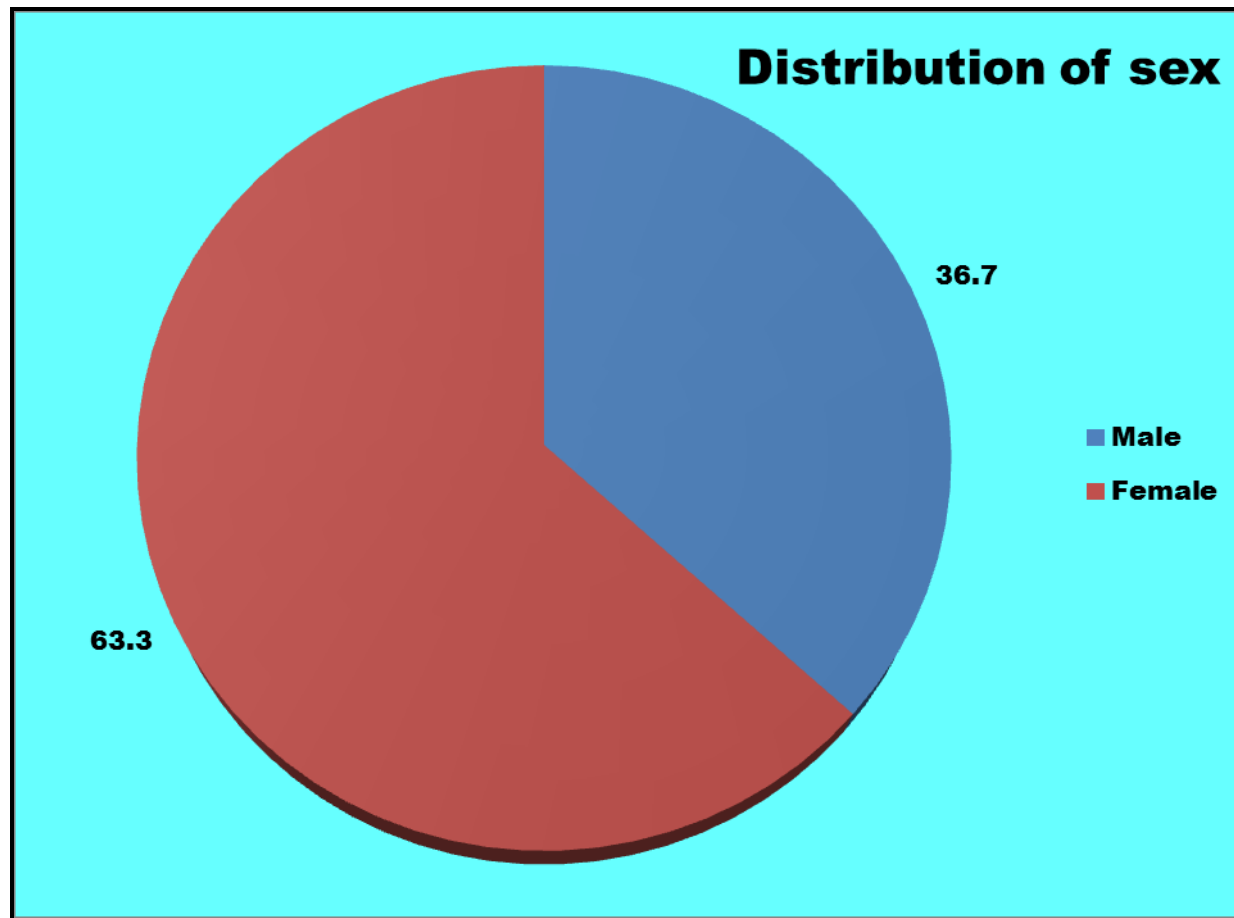


Fig 3 shows that majority of elderly were female 63.3% and males 36.7%

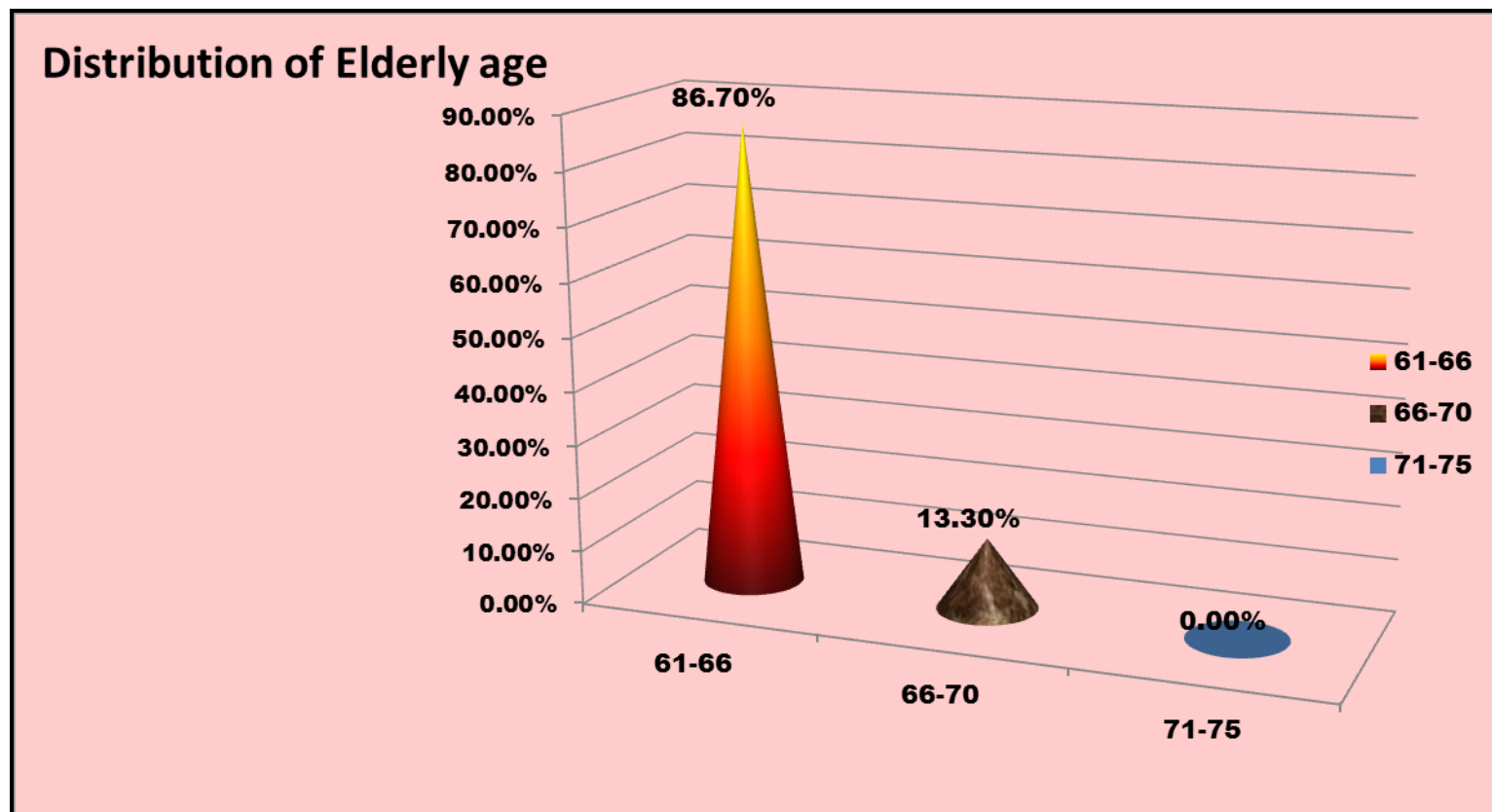


Fig 4 shows age wise majority of elderly were female 63.3% and males 36.7%

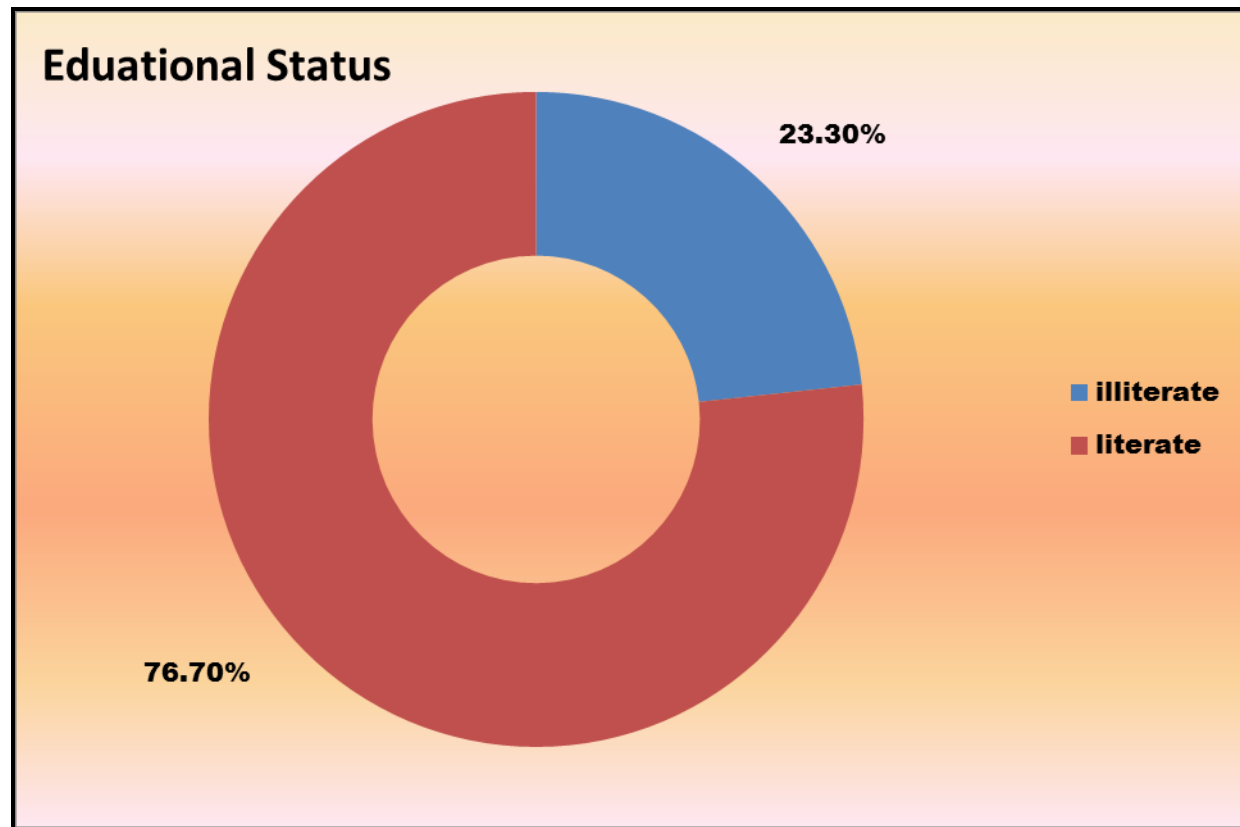


Fig 5 shows educational status of elderly were majority of educated 76.7% and illiterate 23.3%

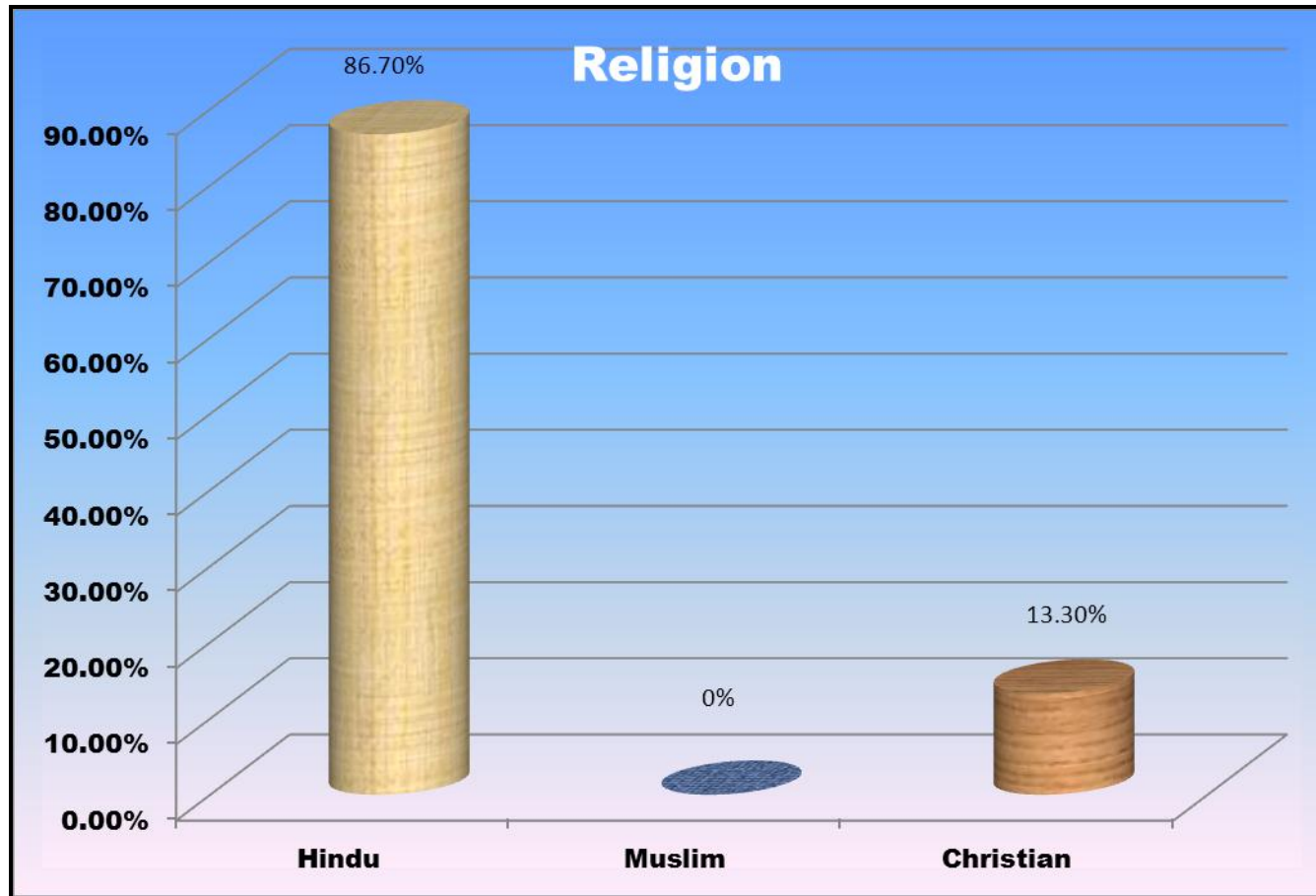


Fig 6 shows religion belongs of elderly were majority of them Hindu 86.7% and Christian were 13.3%

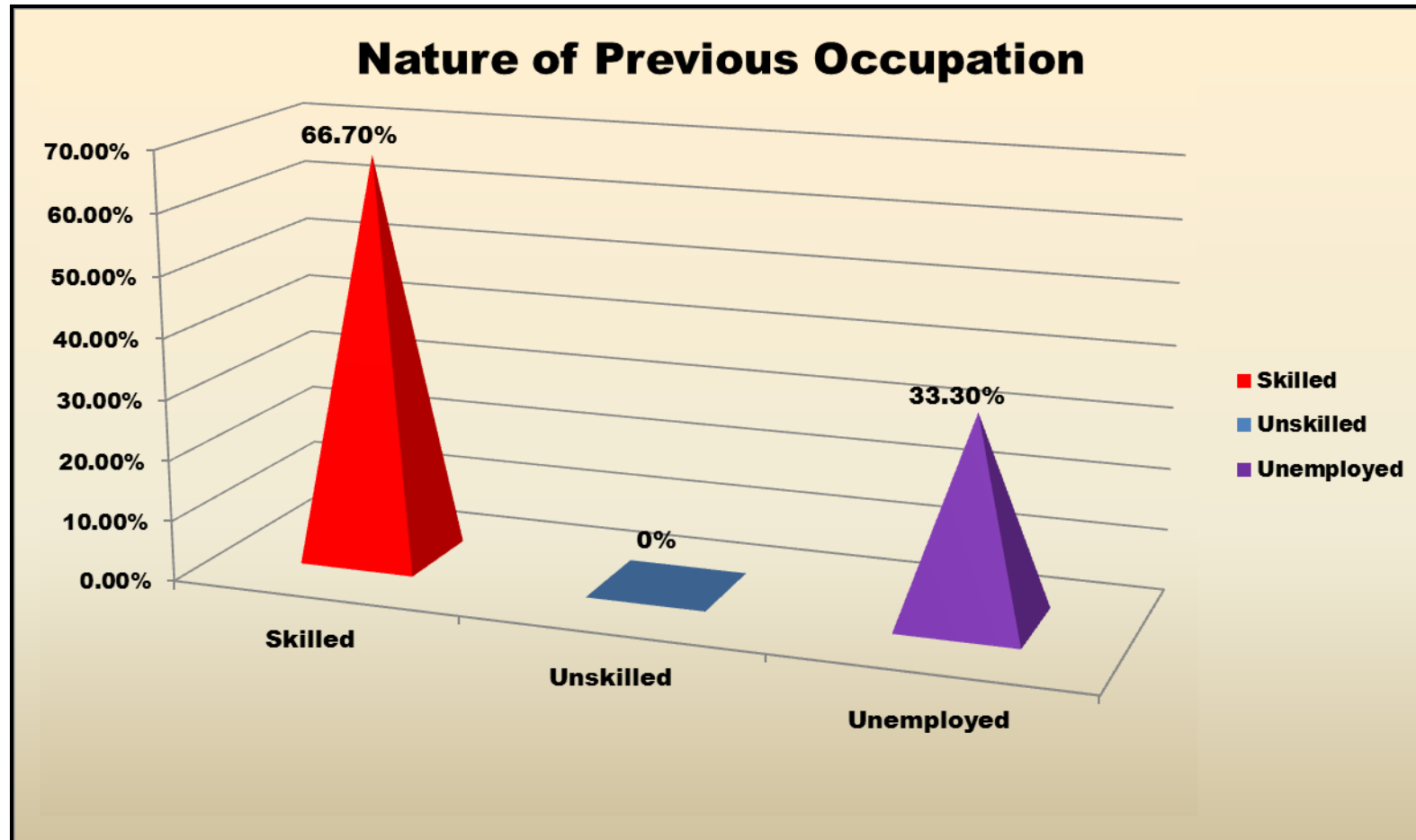


Fig 7 shows Nature of occupation of elderly were majority of them skilled 66.7% and Unemployed were 33.3%

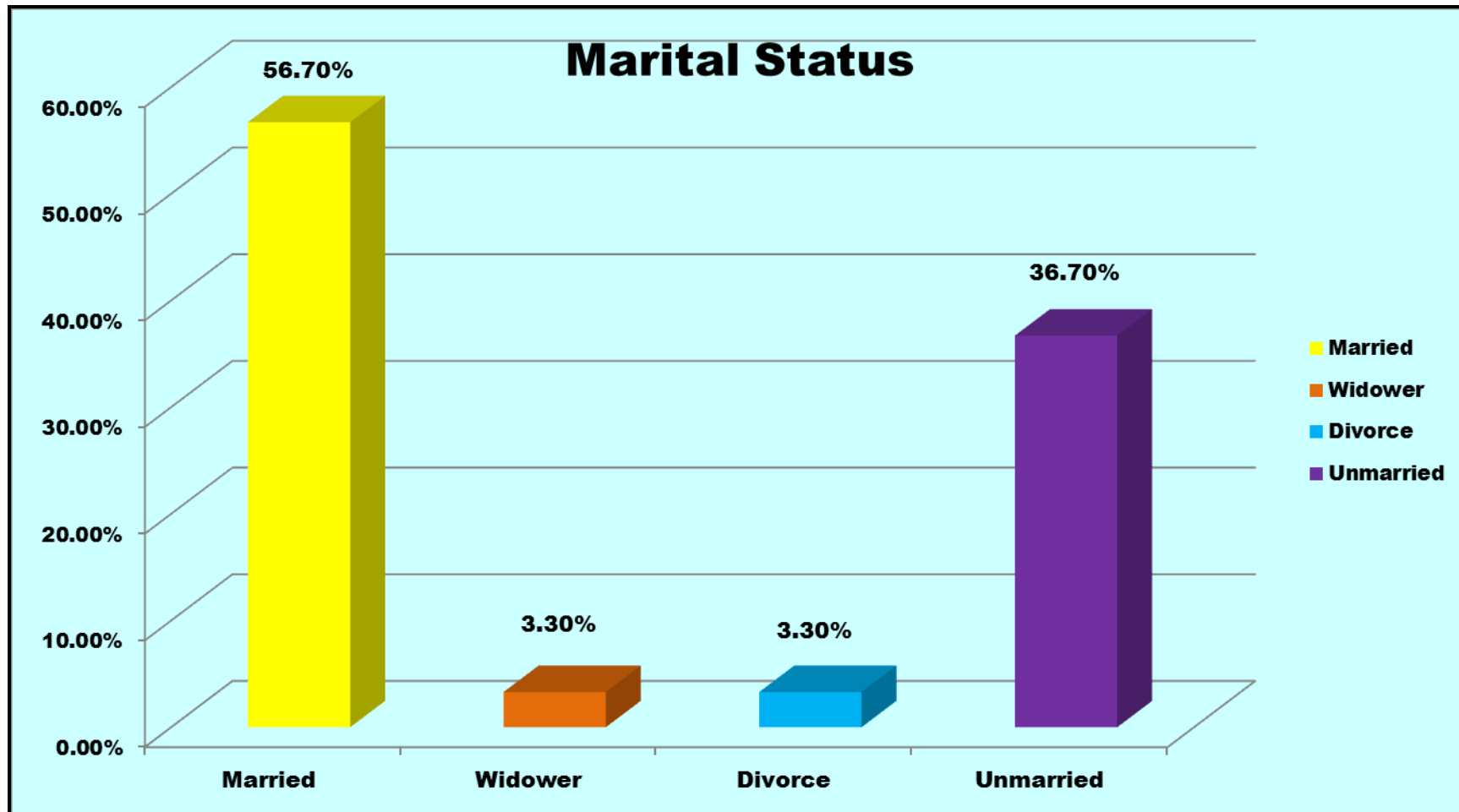


Fig 8 shows marital status of elderly, majority of them married 56.7% and Unmarried were 36.7%

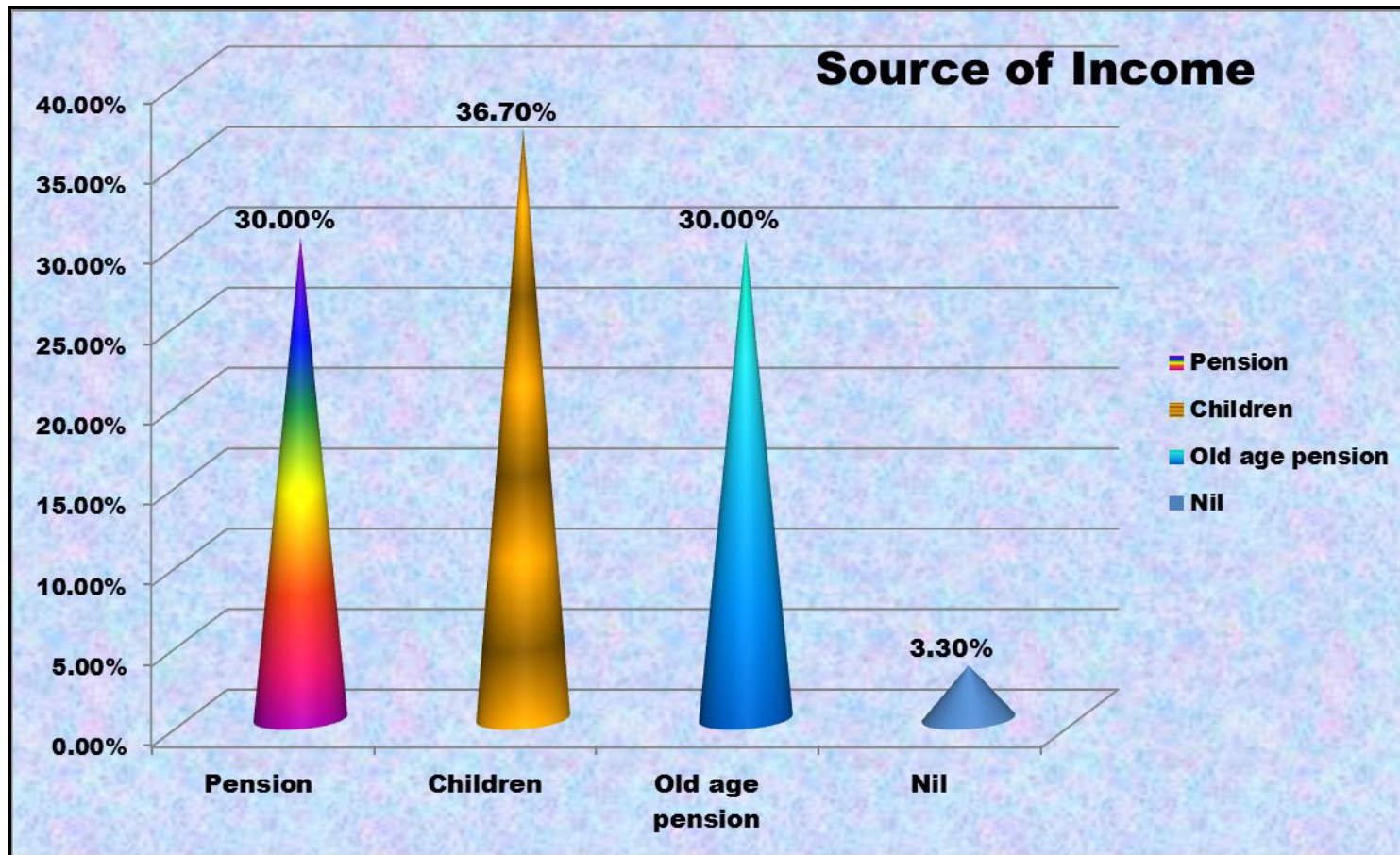


Fig 9 shows Occupation status of elderly, majority of them obtain from their children 36.7% and equally were pensioner and old age pensioner was 30% and Nil were 3.3%

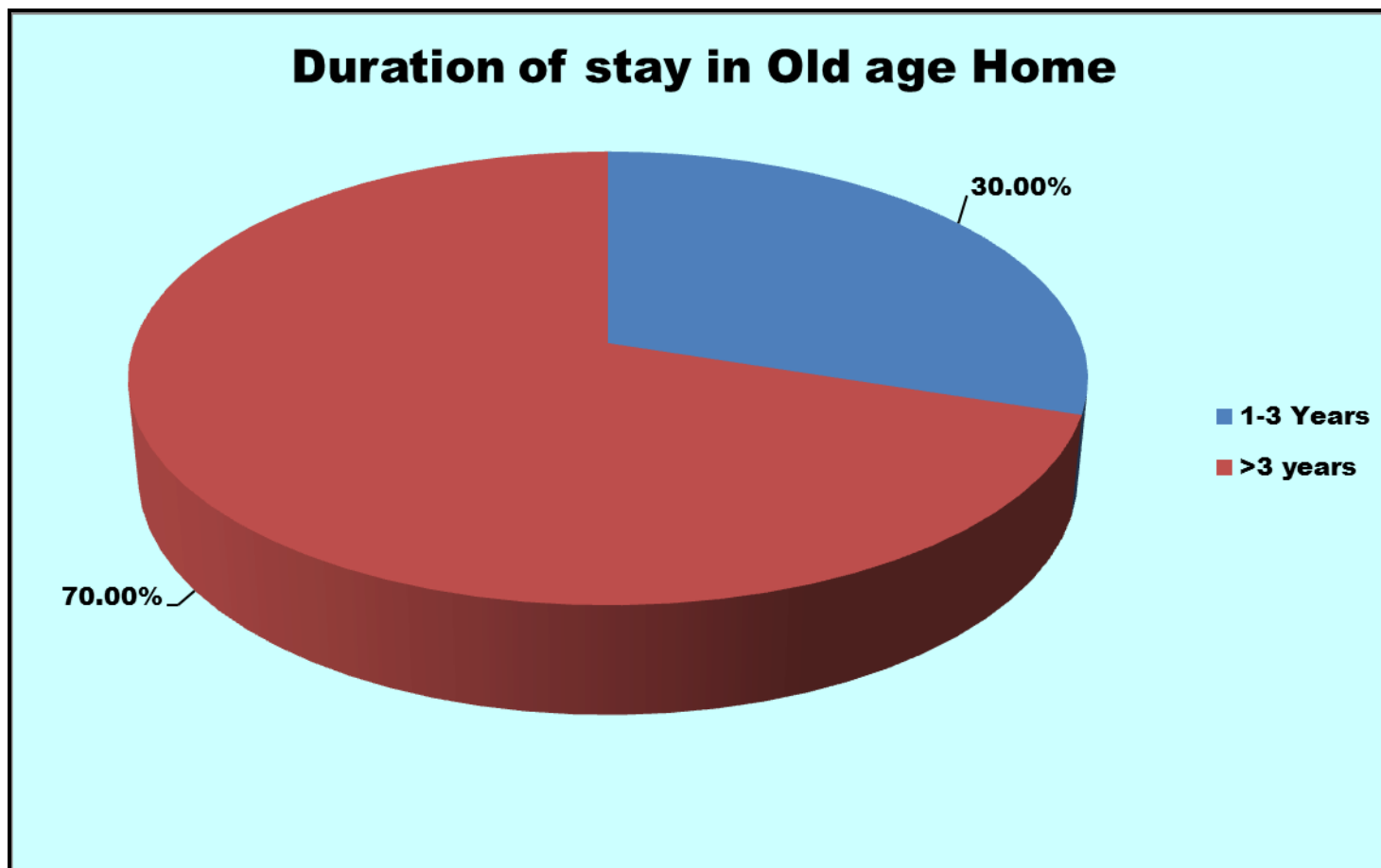


Fig 10 shows duration of stay in old age home of elderly, majority of them stay >3 years 70% and between 1-3 years was 30%

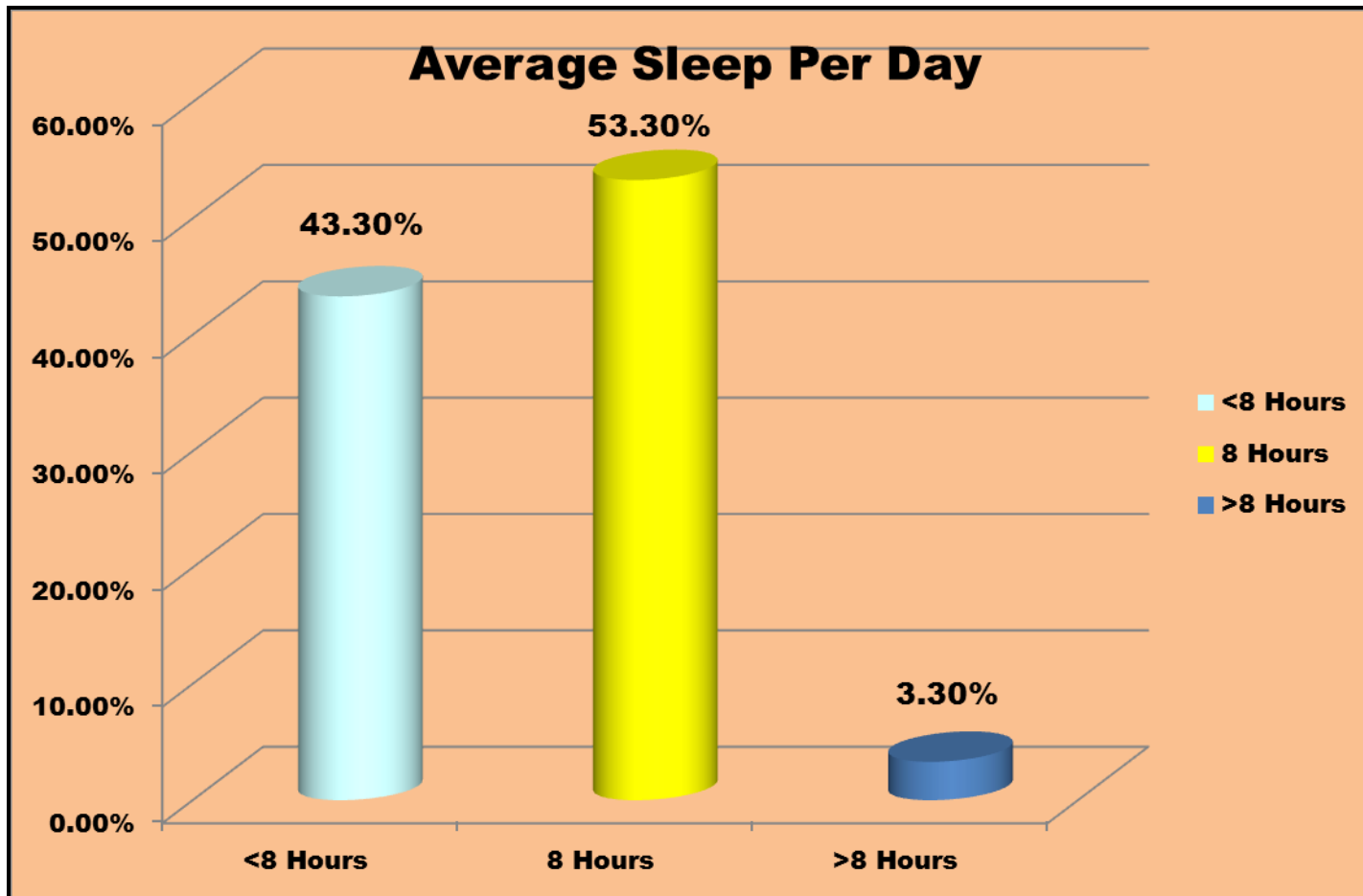


Fig 11 shows average sleep of elderly per day was, majority of them 8 hours 53.3% and < 8 hours was 30%

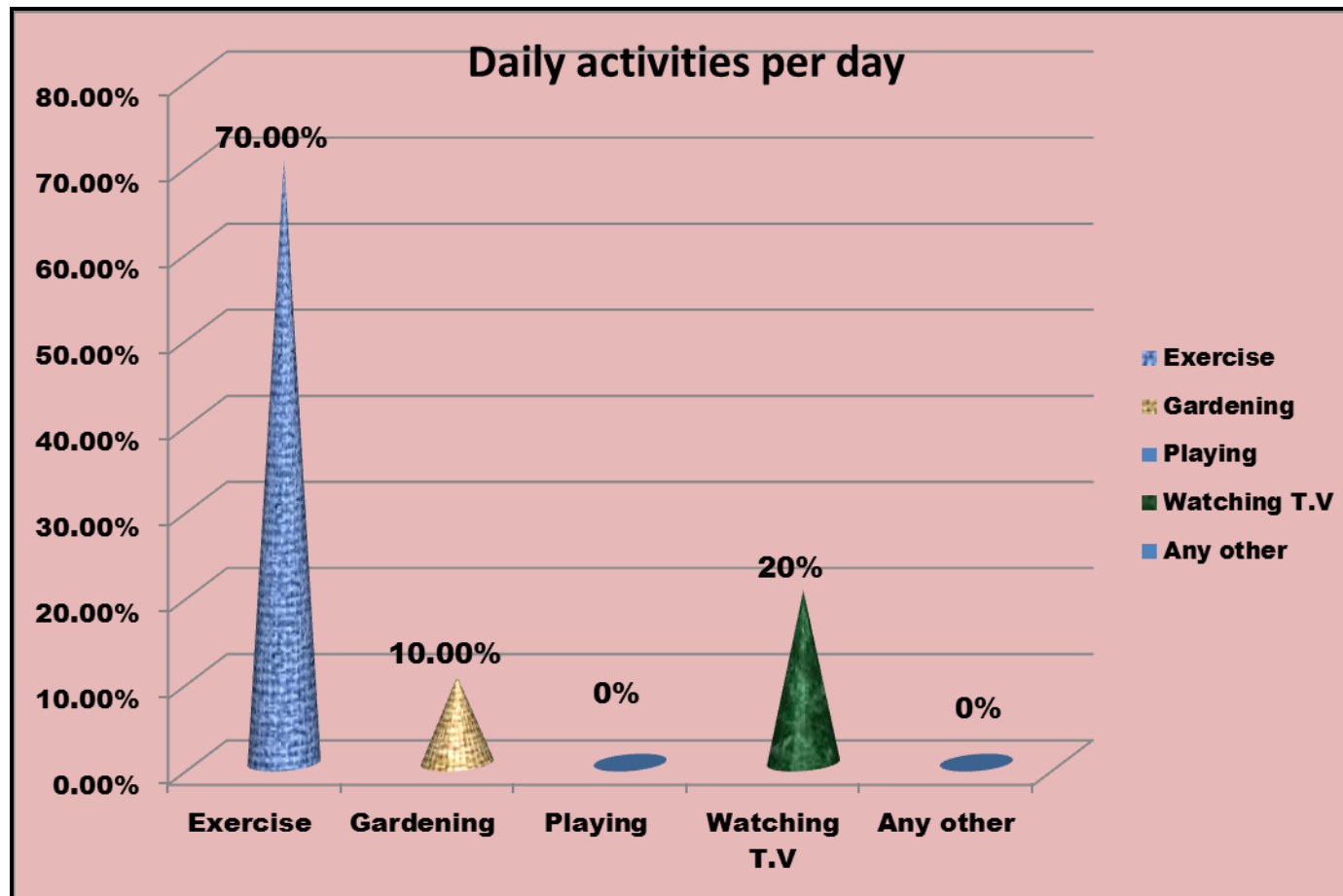


Fig 12 shows activities of elderly per day was, majority of them doing exercise 70 % watching T.V was 20 % and by gardening 10%

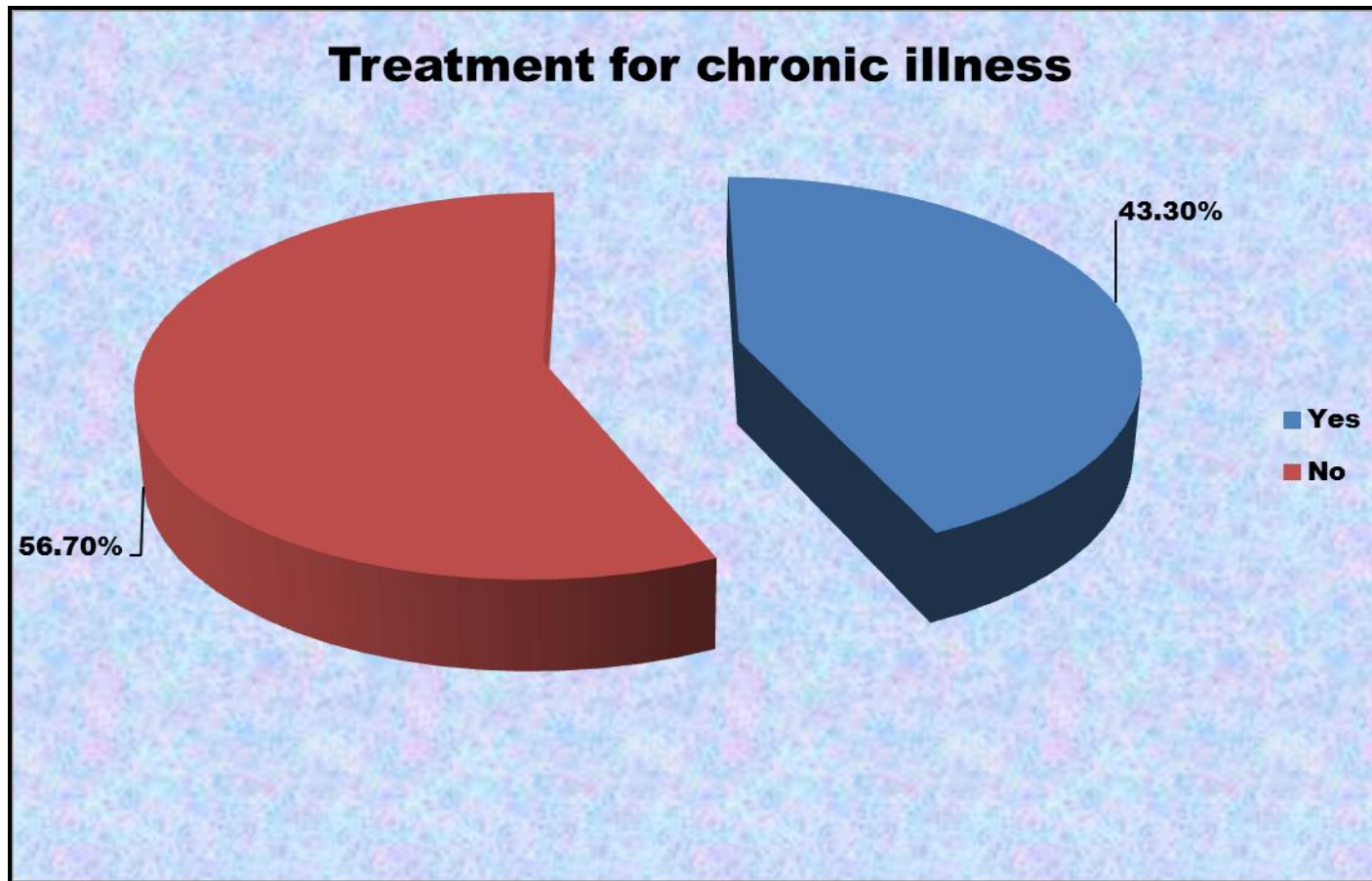


Fig 13 shows elderly suffer with chronic illness, majority of them said No 56.70 % and Yes answered 43.3%

TABLE: 2

PRE & POST TEST LEVEL OF QOL

	Pre test		Post test	
QOL	No	%	No	%
Poor	2	3.3	-	-
Fair	54	90.0	24	40.0
Good	4	6.7	36	60.0
Total	60	100	60	100
Mean	62.4		77.0	
SD	9.6		10.2	

Effectiveness (Increase in QOL Score)

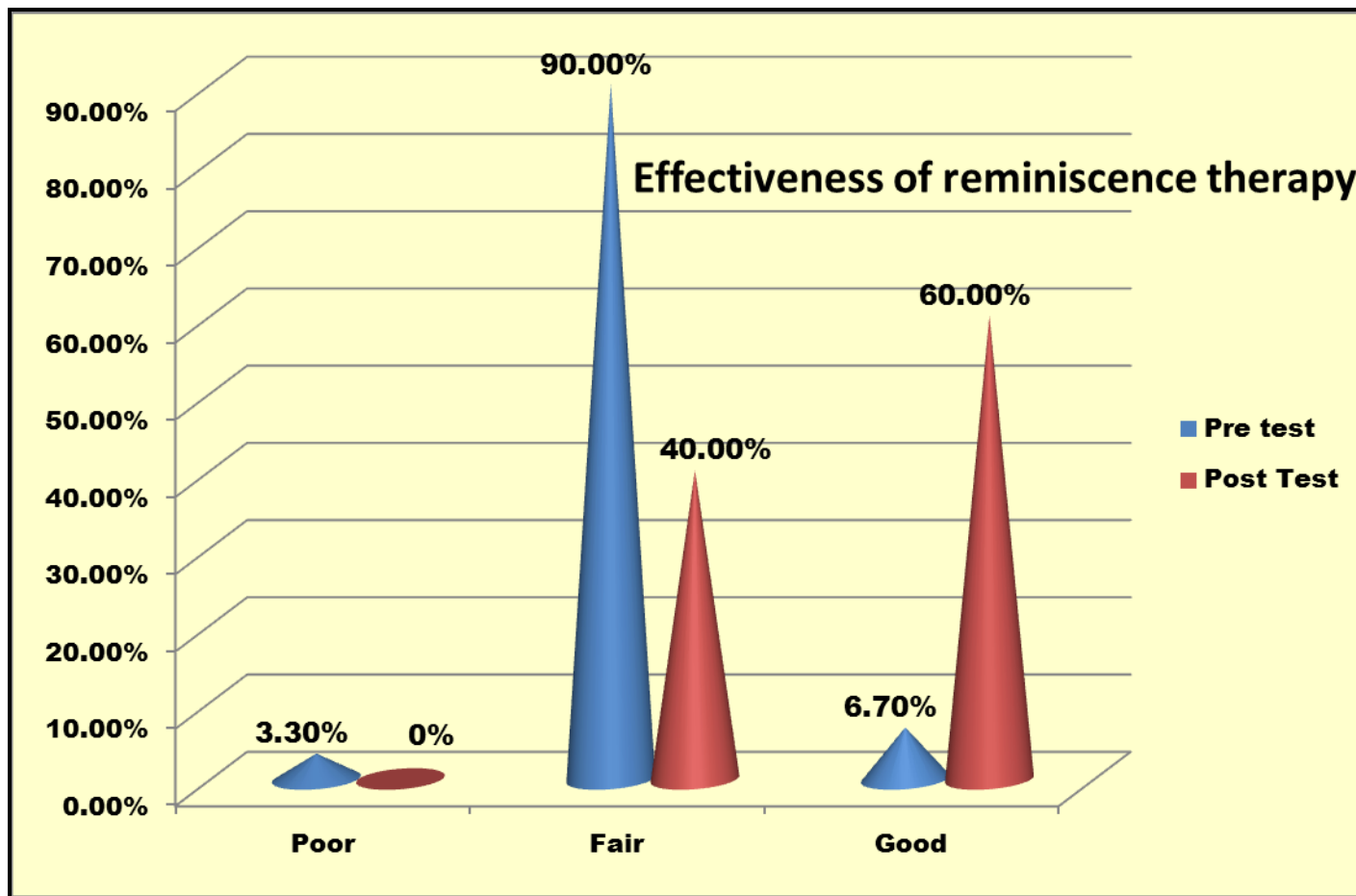
Mean increase : 14.6

Standard Deviation: 9.0

(Paired) 't' : 12.2 (significant $p < 0.001$)

The above table shows that quality of life of elderly before reminiscence therapy intervention most of them were fair 90%, Good 6.7% and poor 3.3%.

The post test evaluation shows that effectiveness of reminiscence therapy by improvement in QOL level Good was 60% and Fair 40%.

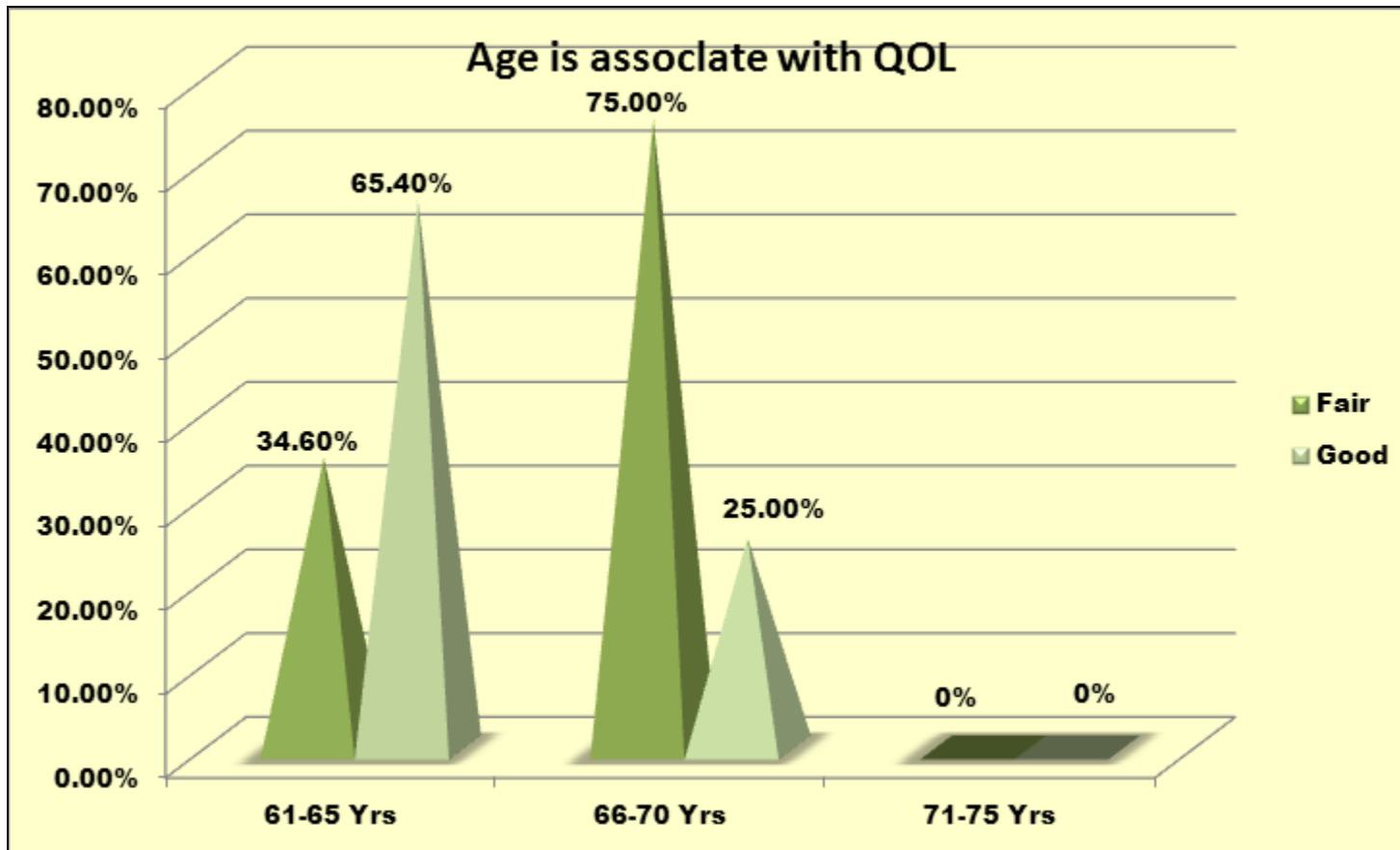


The above figure14 illustrate that post test evaluation shows that effectiveness of reminiscence therapy by improvement in QOL level Good was 60% and Fair 40%.

TABLE: 3**ASSOCIATION POST TEST LEVEL OF QOL SCORES WITH
SELECTED DEMOGRAPHIC SCORES**

Demographic variables	Post test level of QOL				χ^2
	Fair (n=24)		Good (n=36)		
	n	%	n	%	
Gender					
Male	12	54.5	10	45.6	3.1 (NS)
Female	12	31.6	26	68.4	
Age					
61-65 yrs	18	34.6	34	65.4	4.7 * (s)
66-70 yrs	6	75.0	2	25.0	
71-80 yrs	-	-	-	-	
Education					
Illiterate	6	42.9	8	57.1	0.1 (NS)
Literate	18	39.1	28	60.9	
Religion					
Hindu	22	42.3	30	57.7	0.9 (NS)
Muslim	-	-	-	-	
Christian	2	25.0	6	75.0	
Nature of previous occupation					
Skilled	16	40.0	24	60.0	0(NS)
Unskilled	-	-	-	-	
Un-Employed	8	40.0	12	60.0	
Marital status					
Married	14	41.2	20	58.8	0.5 (NS)
Widow(er)	-	-	2	100.0	
Divorce	-	-	2	100.0	
Unmarried	10	45.4	12	54.6	
Source of income					
Pension	6	33.3	12	66.7	0.5 (NS)
Children	10	45.4	12	54.6	
Old age pension	8	44.4	10	55.6	
Nil	-	-	2	100.0	

Demographic variables	Post test level of QOL				χ^2
	Fair (n=24)		Good (n=36)		
	n	%	n	%	
Duration of stay in old age home?					
1 to 3 years	7	38.9	11	61.1	0.01 (NS)
>3 years	17	40.5	25	59.5	
Average sleep per day?					
<8 hours	10	38.5	16	61.5	0.2 (NS)
8 hours	14	43.7	18	56.3	
>8 hours	-	-	2	100.0	
Activities done presently in a day?					
Exercise	18	42.8	24	57.2	0.5 (NS)
Gardening	2	33.3	4	66.7	
Playing	-	-	-	-	
Watching T.V	4	33.3	8	66.7	
Are you treated for any other chronic illness (E.g.:BP,Diabetesetc)					
Yes	9	34.6	17	65.4	0.6 (NS)
No	15	44.1	19	55.9	



The above figure15 illustrate that age is association with improve in QOL by reminiscence therapy

CHAPTER-V DISCUSSION

The data was statistically analyzed and the finding was discussed under the objectives formulated by the researcher

Objective I: The socio demographic profile of the elderly people

Table 4.1: the demographic information of elderly people who participated in the study.

Among elderly residing in old age home ***gender*** wise mostly female inmates were 63.3% and males were 36.7%

Age group wise elderly were 61-65 years, about 86.7%, 66-70 years were, 13.3%.

As far as the ***educational status*** of the elderly was concerned higher proportion 76.7% of the elderly had literate and, 23.3% of women were illiterate.

In ***religion*** 86.7% of the elderly were Hindu, 13.3% of women belongs Christian and none of them were Muslim.

Nature of previous occupation most of the was skilled 86.7% and unemployed 33.3% and none of them unskilled.

Majority of the elderly 56.7% were ***married***, unmarried women were 36.7%, widow 3.3% and divorced 3.3%

Source of income through children were 36.7%, by pension and old age pensioner equally 30.0% and nil was 3.3%.

Duration of stay in old age home was majority of them >3 years was 70% and 1-3 years were 30%.

Duration of sleep 8 hours was 53.3%, < 8 hours 43.3% and > 8 hours 3.3%.

Activities done presently in a day majority of elderly practice was exercise 70.0%, watching T.V 20.0% and gardening was 10.0%.

Treatment for any other chronic illness like B.P and Diabetes majority of the elderly was no 56.7% and yes 43.3%

The above findings are similar with study (Charmini Jabapriya2015) assessed the baseline proforma of the senior citizens was analyzed in terms of frequency and percentage. In laughter therapy majority (50%) senior citizens were in the age group of 68-70 years, living with their spouse (61%) they are females (61%), staying in old age home less than five years (66%) and (32%) getting economic support from their children where as in the reminiscence therapy majority (34%) senior citizens were in the age group of 65-67 years, living with their spouse (60%) they are females (50%), staying in old age home less than five years (71%) and (51%) getting economic support from their old age pension.

Objective II: To assess the level of QOL among the elderly people before reminiscence therapy

The pre test level shows that quality of life of elderly by QOL (WHO BREFSCALE) before reminiscence therapy intervention most of them were fair (54) 90%, Good (4) 6.7% and poor (2) 3.3%.

These findings consistent with study done by Jarmila Siverová, Radka Buzgova (2012) identify and describe the quality of life of the elderly The elderly in the LTCI had slightly reduced quality of life in terms of independence and social participation. In other areas of life which were measured by the standardized WHOQOL-BREF and WHOQOL-OLD questionnaires quality of life was determined as within the interval of the population norm.

Objective III: To assess the post test level of QOL among the elderly people after reminiscence therapy

The post test evaluation elderly by QOL (WHO BREFSCALE) shows that effectiveness of reminiscence therapy by improvement in QOL level Good was (36) 60% and Fair (24) 40%.

It was found that reminiscence had a positive effect on quality of life in the domains of physical health, mental health, and also on the state of cognitive functions and the presence of depression.

Objective IV: To determine the effectiveness of reminiscence therapy on improving QOL among the elderly people

In this study effectiveness was measured by increase in Quality of Life QOL score as raise in the mean increase was 14.6 with mean deviation of ± 15.71 and the Standard Deviation difference was 9.0 with standard deviation of ± 10.71 the difference is high .

As per H1, there was an effectiveness of reminiscence therapy in improving quality of life among elderly people in selected Old Age Home. Hence the hypothesis was proved.

Objective V: Associate the effectiveness of reminiscence therapy with selected demographic variables.

The level of QOL was raised with their demographic variables. Variables like age of elderly people, age showed statistically significant association in improvement of QOL level among elderly residents in selected old age Home at Chennai.

CHAPTER-VI

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

The researcher conducted a study to assess the effectiveness of reminiscence therapy to improve Quality of Life among elderly people in selected Old Age Home at Chennai. The data was collected for 4 weeks in selected Old Age Home, Chennai. The collected data were analyzed by using the descriptive statistics (percentage, mean, frequency and standard deviation) and inferential statistics (paired 't' test and chi square test). The study findings were discussed based on the objectives.

6.1 MAJOR FINDINGS OF THE STUDY

6.1.1 Findings of socio demographic profile of the elderly people

- ❖ Among elderly residing in old age home gender wise mostly female inmates were 63.3% and males were 36.7%
- ❖ Age group wise elderly were 61-65 years, about 86.7%, 66-70 years were, 13.3%.
- ❖ As far as the educational status of the elderly was concerned higher proportion 76.7% of the elderly had literate and, 23.3% of women were illiterate.
- ❖ In religion: 86.7% of the elderly were Hindu, 13.3% of women belongs Christian and none of them were Muslim.
- ❖ Nature of previous occupation most of the was skilled 86.7% and unemployed 33.3% and none of them unskilled.
- ❖ Majority of the elderly 56.7% were married, unmarried women were 36.7%, widow 3.3% and divorced 3.3%
- ❖ Source of income through children were 36.7%, by pension and old age pensioner equally 30.0% and nil was 3.3%.

- ❖ Duration of stay in old age home was majority of them >3 years was 70% and 1-3 years were 30%.
- ❖ Duration of sleep 8 hours was 53.3%, < 8 hours 43.3% and > 8 hours 3.3%.
- ❖ Activities done presently in a day majority of elderly practice was exercise 70.0%, watching T.V 20.0% and gardening was 10.0%.
- ❖ Treatment for any other chronic illness like B.P and Diabetes majority of the elderly was no 56.7% and yes 43.3%

6.1.2 Finding the pre test level of QOL of elderly people before reminiscence therapy

The pre test level shows that quality of life of elderly before reminiscence therapy intervention most of them were fair (54) 90%, Good (4) 6.7% and poor (2) 3.3%.

6.1.3 Objective III: To assess the post test level of QOL among the elderly people after reminiscence therapy

The post test evaluation shows that effectiveness of reminiscence therapy by improvement in QOL level Good was (36) 60% and Fair (24) 40%.

6.1.4. Objective IV: To determine the effectiveness of reminiscence therapy on improving QOL among the elderly people

In this study effectiveness was measured by increase in Quality of Life QOL score as raise in the mean increase was 14.6 with mean deviation of ± 15.71 and the Standard Deviation difference was 9.0 with standard deviation of ± 10.71 the difference is high .

As per H1, there was an effectiveness of reminiscence therapy in improving quality of life among elderly people in selected Old Age Home. Hence the hypothesis was proved.

6.1.5 Objective V: Associate the effectiveness of reminiscence therapy with selected demographic variables.

The level of QOL was raised with their demographic variables. Variables like age of elderly people, age showed statistically significant

association in improvement of QOL level among elderly residents in selected old age Home at Chennai.

6.2 LIMITATIONS

- ❖ The study was limited to the elderly in the age group of 60 – 80 years.
- ❖ Sample size of 60 elderly people.
- ❖ The study was limited to the selected Old Age Home at Chennai.
- ❖ The data collection was restricted only for 4 weeks.
- ❖ The stress level was assessed based on the score obtained.
- ❖ The study findings cannot be generalized

6.3 IMPLICATION OF THE STUDY

According to the findings of the study, majority of the samples experienced low level of quality of life in the society. When samples are at ageing with inadequate coping by their children's, they are vulnerable to psychiatric disorders like depression, suicidal tendencies, and anxiety. Reminiscence therapy is effective in improving QOL. Therefore psychiatric specialist nurses have the responsibility in conducting reminiscence technique by practical demonstration for elderly under low level of QOL.

The findings of the study have implications for nursing education, nursing practice, nursing research and nursing administration.

6.3.1 Nursing practice

Psychiatric clinical Nurse is in the best position to impart knowledge in the hospital. Reminiscence therapy needs a skill that can be taught by nurses who knows both inpatient and outpatient background, that encompasses the nurse's role care giver, educator, role model, and health promoter.

- ❖ Psychiatric nurse must have the skills in teaching about how to live in the society qualitatively.
- ❖ Self-instructional material regarding improving quality of life among elderly can be distributed to them.
- ❖ The psychiatric nurse must have the skills to improve life adjustment skills and live qualitatively and quantitatively.
- ❖ It is no cost expenditure for reminiscence therapy intervention. .

6.3.2 Nursing administration

Health personnel have a vital role in teaching or educate the clients and relatives regarding the quality of life will be certainly improved through. Reminiscence therapy is cost effective; it has been shown that proper respect and providing all the needs for the mentally ill clients is current need. These techniques offer a resource for elderly clients by letting out their feelings and revoking the past recollection will improve physically as well as psychologically.

- ❖ Proposed to health administration to strategically plan and meet the health needs of elderly persons.
- ❖ The administration both private and Government sectors should take initiatives to improve quality of life of elderly.
- ❖ The administration may encourage the nurses for conducting research aspects for promote quality of life level of elderly people.
- ❖ The administration can organize conferences, workshops and seminars for nurses working in the hospital and other health care setting.

6.3.3. Nursing Education

Reminiscence therapy is one of the important treatment modality in the mental health nursing. Basic education of nursing should include detailed aspect of reminiscence therapy with proper training on the practical

application, so the nursing students will develop proper knowledge and skill on how to provide reminiscence therapy for elderly.

- ❖ Nursing curriculum focuses to develop skills in identifying the quality of life of elderly and its management.
- ❖ Add this subject in Complementary Alternative Modalities treatment measure to be learned by student nurse.
- ❖ Arrange in-service education to update their knowledge regarding mentally ill clients their life facing problems in the home and in the society.
- ❖ Make available literature related to Reminiscence therapy .

6.3.4 Nursing research

Practice emerges from research, and evidence based practice improve the quality of nursing care. This study focuses on improving the quality of life nursing care to the elderly with stress was improved by reminiscence therapy. Research adds value to the comprehensive and holistic care. The nurse of service side need to educate the patients and enrich the evidence based care. Nurses can also involve in this type of research.

- ❖ This study will be a valuable reference material for further researcher.
- ❖ The results of study encourage the management to adopt reminiscence therapy for improving quality of life of elderly.
- ❖ Adequate allocation of funds, manpower, time, adequate training should be provided to the nurses for conducting this research.
- ❖ Research can be done to find out the effectiveness of reminiscence therapy in various aspects , which helps to improve quality of life of elderly people.

6.4 RECOMMENDATIONS FOR FURTHER STUDY

Keeping in view, the finding and limitations of the present study following recommendations are offered for further research.

- ❖ A similar study can be undertaken on a large sample in different setting
- ❖ A similar study can be done for destitute in homes.
- ❖ The study can be carried out on a particularly geriatric clients admitted in the Government and General Hospital setup.
- ❖ A comparative study can be conducted to assess the effectiveness of reminiscence with other complimentary therapies on quality of life.

6.5. CONCLUSION

The intensity of poor care and neglecting the elderly varies from one individual to another over a period, depending on the respect rendered to the senior citizens is a current scenario in the world. A certain amount of stress is desirable to facilitate the desired response and to spur the individual to be active and goal directed, but too much of stress retards the ability to function normally and think logically.

Over the past 15 years, the effectiveness of reminiscence therapy has been increasingly established by research findings that demonstrate its positive impact on specifically on elderly health, creativity and performance. One of the most appealing and forgiving features about reminiscence therapy is that almost anyone can use it.

Stress is universal and of relevance to all, when an elderly individual resides in the old age home from their well build house due to neglected by their children's. Quality of life is refused for elderly constitutes a very poor approach or care in home and in society. The study brings to light on need a quality of life among elderly participants.

This chapter enlightens the importance of this research and revealed that improvement in quality of life of elderly people was significant.

BIBLIOGRAPHY

REFERENCE BOOKS

- 1) Aldwin CM (2002). **“Stress, coping and development: An integrative perspective”**. New York: Guildford, 1-49.
- 2) Basavanthappa B. T. (2003). **“Nursing Research”**. 1st edition, Bangalore: Jaypee brother’s medical publishers, 118.
- 3) Bhatia M.S. (1977). **“A Concise Textbook of Psychiatric Nursing.”** New Delhi, C.B.S publishers.
- 4) Caplan Gerald. D (1964). **“Principles of preventive psychiatry”** New York: Wiley, 1-49.
- 5) Crookes. A. Patrick, Davis Sue, (1998). **“Research into Practice”** Second Edition, Edinburgh, Tindal, PP. No 133-141
- 6) David M. Kevin J.K. (1982). **“Psychiatric Nursing”**, 5th Edition London Churchill Livingstone.
- 7) Dr. Suresh K. Sharma (2013), **“Nursing Research and Statistics”**- reprint 2013 published by Elsevier, a division of Reed Elsevier India (pvt) ltd.
- 8) Elizabeth M(1998), **“Foundation of Psychiatric Mental Health Nursing”**, 3rd edition; Philadelphia; W B Saunders Company.
- 9) Fadem Barhara(2004). **“Behavioural Science in Medicine”**, 1st edition; Philadelphia; Lippincott.
- 10) Fortinash.M.k.Frisch.L.E (2002). **“Psychiatric Mental Health Nursing”** 1 Edition Missouri: Mosby Publisher.
- 11) Gail.W.Stuart (2005), **“Principles and Practice of Psychiatric Nursing”** seventh edition, Philadelphia Mosby Health Science Company

- 12) Gupta. S. P. (1998). **“Statistical Methods”** 28th Edition New Delhi: Sultan Chand and Sons Publishers.
- 13) James .F.A (2003). **“Reading Understanding and Applying Nursing Research”** 2nd Edition Philadelphia; F.A Davis Company.
- 14) Kaplan & Shaddock (2015). **“Synopsis of Psychiatry”** 10 ThEdition, WalterKulver: Lippincott Williams and Wilkins.
- 15) Kothari. C.R. (2007). **“Research Methodology Methods and Techniques”**. 2nd Edition. New Delhi: Wiswa Parkas publication. 39-67.
- 16) Lalitha.K (2010) **“Mental Health and Psychiatric Nursing”** 4th Edition Bangalore. VMG book House.
- 17) Lazarus R.S. and Folk man (1996). **“Psychological stress and the coping process”**, 3rd Edition, New York: McGraw-Hill, 1-56.
- 18) Mary Ann Boyd. (2008) **“Psychiatric Nursing”** 4th edition New Delhi: Wolters and Kluwer
- 19) Mary C Townsend (2003). **“Essential of Psychiatric Mental Health Nursing”**, 5 th Editions, Philadelphia: F.A. Davis Company.
- 20) Melanie (2002), **“Theoretical Basic for Nursing”**, 1st edition; Philadelphia; Lippincott and Wilkins.
- 21) Nancy.B.Grove.K.S (1999. **“Understanding Nursing Research”** 2nd Edition New Delhi, Harcourt Publishers.
- 22) Neeraja.K.P.(2008).**“Essential of Mental Health and Psychiatric Nursing”** I st Edition, New Delhi, Jaypee Brothers Publications.
- 23) Polit.F.Demise and Hunglers, P. Bernadette (1999).**“Nursing Research and Principles and Methods”**6th Edition, Philadelphia: Lippincott Williams and Wilkins

- 24) Purl. B. K.et.al (2002) **“Text Book of Psychiatric”** London: Churchill Living stone Publishers.
- 25) Sreevani R (2007), **“A guide to Mental Health and Psychiatric Nursing”** 4th edition, New Delhi, Jaypee brothers and publishing company. 102 -107.
- 26) Stuart and Sudan (2008) **“Principles and Practice of Psychiatric Nursing”**, 9 th Edition, Mosby publishers, Philadelphia.
- 27) Wong. D.L (2005). **“Whaley’s and Wang’s Essentials of Psychiatric Nursing”** St. Louis Mosby publication.
- 28) Čevela R, Kalvach Z, Čeledová L. Sociální gerontologie-úvod do problematiky **“Social gerontology – Introduction to the problems”**. 1st ed. Praha: Grada; 2012.
- 29) Chung JCC. **An intergenerational reminiscence programme for older adults with early dementia and youth volunteers: values and challenges.** Scandinavian Journal of Caring Sciences. 2009;23(2):259-264. PubMed
- 30) Gudex C, Horsted C, Jensen AM, Kjer M, Sørensen J. **Consequences from use of reminiscence -a randomised intervention study in ten Danish nursing homes.** BMC Geriatrics. 2010;10(33):1471-2318. Original source PubMed
- 31) Haslam C, Haslam SA, Ysseldyk R, McCloskey LG, Pfisterer K, Brown SG. **The social treatment: The benefits of group interventions in residential care settings.** Psychology & Aging. 2010;25(1):157-166. PubMed
- 32) Janečková H. Jsem to pořád já: využití vzpomínek v práci se seniory - reminiscence a životní příběh **“It is still me: the use of memories in working with older adults – reminiscence and life story work”**. 1st ed. Praha: Gerontologické centrum; 2007.

- 33) Janečková H, Holmerová I, Vaňková H, Kašlíková T. Reminiscenční terapie a výzkum jejího efektu na kvalitu života seniorů v institucionální péči **“Reminiscence therapy and research into its effect on quality of life of older adults in institutional care”**. Geriatria. 2008;14(1),19-27.
- 34) Janečková H, Vacková M. Reminiscence: využití vzpomínek při práci se seniory **“Reminiscence: the use of memories in working with older adults”**. 1st ed. Praha: Portál; 2010.
- 35) Koběrská P, Šířoká A. Společnou cestou **“Common pathway”**. 1st ed. Praha: Portál; 2003.
- 36) Klever S. **Reminiscence therapy: Finding meaning in memories. Nursing**. 2013;43(4):36-37. PubMed
- 37) Kučerová H. Demence v kazuistikách **“Dementia in case studies”**. 1st ed. Praha: Grada; 2006.
- 38) Rusell C, Timmons S. **Life story work and nursing home residents with dementia**. Nursing Older People. 2009;21(4):28-32. PubMed
- 39) Spitell S. A biographical approach to preserve social identity of people with dementia in aged care facilities – **“A student research project in Australia”**. Pflegewissenschaft. 2011;13(12):645-650.
- 40) Stinson CK, Kirk E. **“Structured group reminiscence: an intervention for older adults”**. Journal of Continuing Education in Nursing. 2009;15(2):208-18. PubMed
- 41) Špatenková N, Bolomská B. Reminiscenční terapie **“Reminiscence therapy”**. 1st ed. Praha: Galén; 2011.
- 42) Topinková E. Geriatrie pro praxi **“Geriatrics for practice”**. 1st ed. Praha: Galén; 2010.

- 43) Wang JJ, Yen M, OuYang WC. **Group reminiscence intervention in Taiwanese elders with dementia.** Archives of Gerontology & Geriatrics. 2009;49(2):227-232. PubMed

NET REFERENCE

- 1) file:///D:/Research/New%20folder/Unbound%20MEDLINE%20_%20Effectiveness%20of%20group%20reminiscence%20for%20improving%20wellbeing%20of%20institutionalized%20elderly%20adults_%20study%20protocol%20for%20a%20randomized%20controlled%20trial.html
- 2) file:///D:/Research/New%20folder/SID.ir%20_%20THE%20EFFECT%20OF%20REMINISCENCE%20THERAPY%20ON%20ELDERLY%20QUALITY%20OF%20LIFE.htm
- 3) file:///D:/Research/New%20folder/INFLUENCE%20REMINISCENCE%20THERAPY%20ON%20QUALITY%20OF%20LIFE%20PATIENTS%20IN%20THE%20LONGTERM%20HOSPITAL%20_%20Central%20European%20Journal%20of%20Nursing%20and%20Midwifery.htm
- 4) file:///D:/Research/4-siverova-buzgova-pr.pdf
- 5) file:///D:/Research/1-s2.0-S2352013214000945-main.pdf
- 6) The effects of reminiscence on depressive symptoms and mood status of older institutionalized adults in Taiwan. J Geriatr Psychiatry. 2005]
- 7) The effects of reminiscence on depressive symptoms and mood status of older institutionalized adults in Taiwan.
- 8) Wang JJ. Int J Geriatr Psychiatry. 2005 Jan; 20(1):57-62.
- 9) [Individual reminiscence therapy improves self-esteem for Japanese community-dwelling older adults].[Shinrigaku Kenkyu. 2009]
- 10) [Individual reminiscence therapy improves self-esteem for Japanese community-dwelling older adults].
- 11) Nomura N. Shinrigaku Kenkyu. 2009 Apr; 80(1):42-7.

- 12) Structured reminiscence: an intervention to decrease depression and increase self-transcendence in older women.[J Clin Nurs. 2006]
- 13) Structured reminiscence: an intervention to decrease depression and increase self-transcendence in older women.
- 14) Stinson CK, Kirk E. J Clin Nurs. 2006 Feb; 15(2):208-18.
- 15) Review Effect of reminiscence therapy on depression in older adults: a systematic review.[Int J Nurs Stud. 2003]Review Effect of reminiscence therapy on depression in older adults: a systematic review.
- 16) Hsieh HF, Wang JJ. Int J Nurs Stud. 2003 May; 40(4):335-45.
- 17) Review Considerations in the treatment of geriatric depression: Overview of pharmacotherapeutic and psychotherapeutic treatment interventions.[Res Gerontol Nurs. 2010]

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by **V.DEVI**, II year M.Sc (Nursing) student of Padmasree College of Nursing, Walajabad, Kanchipuram District., which is to be used in her study titled "A study to assess the quality of life among elderly before and after reminiscence therapy in a selected old age home at Chennai." has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed in do the research.

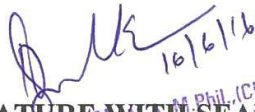
Name: B. Sudhakaran

Designation: Assistant proffessor

College: Institute of Mental Health

Place: Kilpauk, Chennai -10.

Date:


SIGNATURE WITH SEAL
B. SUDHAKARAN, M.Phil.(CI.PSY),
PGDGC, PGDHR, UACP.,
RCI No. A07047
Asst. Professor of Clinical Psychology
Institute of Mental Health
Kilpauk Chennai-600 010.

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by **V.DEVI**, II year M.Sc (Nursing) student of Padmasree College of Nursing, Walajabad, Kanchipuram District., which is to be used in her study titled "A study to assess the quality of life among elderly before and after reminiscence therapy in a selected old age home at Chennai." has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed in do the research.




SIGNATURE WITH SEAL
PRINCIPAL

Name: **V. HEMAVATHY**

Designation: **PRINCIPAL**

College: **SREE BALAJI COLLEGE OF NURSING**

Place: **CHENNAI**

Date: **18.6.2016**

SREE BALAJI COLLEGE OF NURSING
No.7, Works Road, Chromepet,
Chennai - 600 044.

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by V.DEVI, II year M.Sc (Nursing) student of Padmasree College of Nursing, Walajabad, Kanchipuram District., which is to be used in her study titled "A study to assess the quality of life among elderly before and after reminiscence therapy in a selected old age home at Chennai." has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed in do the research.



SIGNATURE WITH SEAL

Name: M. Nithyanantham

Designation: Reader in Nursing

College: College of Nursing,
MMC, Chennai 3

Place: Madras Medical College, Chennai-3

Date:

M.NITHYANANTHAM, M.Sc(N).
READER IN NURSING
DEPT. OF PSYCHIATRIC NURSING
COLLEGE OF NURSING,
MADRAS MEDICAL COLLEGE,
CHENNAI - 600 003.



வள்ளி முதியோர் இல்லம்

பதிவு எண்: 2407

VALLI AGED HOME

(Home for Old age/ Senior Citizens)

Instituted by

Valli Charitable Trust (Service is our Motto)

No:33, Manikandan Nagar, 1st Main Road,

Bus Stop: Kariama Nagar, Kundrathur, Chennai-600 069

Web: WWW.vallitrust.com

email: vallitrust23@gmail.com



To

Principal,
Padmashree College of Nursing,
Walajabad, Kancheepuram.

Warm wishes

Sub: Permission letter for conducting research work- reg

Dear Sir/ Madam,

We would like inform that the student Mrs. V .Devi, II year M. Sc(N) student permitted to conduct the study for topic “**Assess the quality of life among elderly before and after reminiscence therapy**” at our old age home for the month of June 2016.

Managing Trustee

INTERVIEW GUIDE ON QUALITY OF LIFE AMONG ELDERLY

(SOCIODEMOGRAPHIC VARIABLES) PART-1

INSTRUCTIONS

This section deals with back ground issues and the level of quality of life of respondents the interview schedule will pose questions listed below and place a tick mark (☐) in check box against correct response given by the respondent.

- | | | |
|----|-------------------------------|--------------------------|
| 1) | Sex | |
| | a)Male | <input type="checkbox"/> |
| | b) Female | <input type="checkbox"/> |
| 2) | Age in years | |
| | a) 61-65yrs | <input type="checkbox"/> |
| | b) 66-70yrs | <input type="checkbox"/> |
| | c) 71-80yrs | <input type="checkbox"/> |
| 3) | Education | |
| | a) Illiterate | <input type="checkbox"/> |
| | b) Literate | <input type="checkbox"/> |
| 4) | Religion | |
| | a)Hindu | <input type="checkbox"/> |
| | b) Muslim | <input type="checkbox"/> |
| | c) Christian | <input type="checkbox"/> |
| 5) | Nature of previous occupation | |
| | a)Skilled | <input type="checkbox"/> |
| | b) Unskilled | <input type="checkbox"/> |
| | c) Un-Employed | <input type="checkbox"/> |
| 6) | Marital status | |
| | a)Married | <input type="checkbox"/> |
| | b) Widow(er) | <input type="checkbox"/> |
| | c) Divorce | <input type="checkbox"/> |
| | d)Unmarried | <input type="checkbox"/> |

- 7) Source of income
- a) Pension ☐
 - b) Children ☐
 - c) Old age pension ☐
 - d) Nil ☐
- 8) Duration of stay in old age home?
- a) 1 to 3 years ☐
 - b) >3 years ☐
- 9) Average sleep per day?
- a) <8 hours ☐
 - b) 8 hours ☐
 - c) >8 hours ☐
- 10) Activities done presently in a day?
- a) Exercise ☐
 - b) Gardening ☐
 - c) Playing ☐
 - d) Watching T.V ☐
 - e) If any other(specify) ☐
- 11) Are you treated for any other chronic illness? (E.g.: BP, Diabetes)
- a) Yes ☐
 - b) No ☐

QUALITY OF LIFE QUESTIONNAIRE (BREF)

PART II

		Very poor	Poor	Neither poor or good	Good	Very good
1	How would you rate your quality of life?					

		Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	satisfied	Very satisfied
2	How satisfied are you with your health?					

		Not at all	A little	A moderate amount	Very much	An extreme amount
3	To what extent do you feel that physical pain prevents you from doing what you need to do?					
4.	How much do you need treatment to function any medical in your daily life?					
5	How much do you enjoy life?					
6	To what extent do you feel your life to be meaningful?					

		Not at all	A little	A moderate amount	Very much	An extreme amount
7	How well are you able to concentrate?					
8	How safe do you feel in your daily life?					
9	How healthy is your physical environment?					

		Not at all	A little	A moderate amount	Very much	An extreme amount
10	Do you enough energy for everyday life?					
11	Are you able to accept your bodily appearance?					
12	Have you enough money to meet your needs?					
13	How available to you is the information that you need in your day-to-day life?					
14	To what extent do you have the opportunity for leisure activities?					

		Very Poor	Poor	Neither poor nor good	Good	Very Good
15	How well are you able to get around					

		Very Dissatisfied	Dissatisfied	Neither satisfied nor Dissatisfied	Satisfied	Very satisfied
16	How satisfied are you with your sleep?					
17	How satisfied are you with your ability to perform your daily living activities?					
18	How satisfied are you with your capacity for work?					
19	How satisfied are you with yourself?					
20	How satisfied are you with your personal relationships?					

		Very Dissatisfied	Dissatisfied	Neither satisfied nor Dissatisfied	Satisfied	Very satisfied
21	How satisfied are you with your sex life?					
22	How satisfied are you with the support you get from your friends?					
23	How satisfied are you with the conditions of your living place?					
24	How satisfied are you with your access to health services?					
25	How satisfied are you with your transport?					

		Never	Seldom	Quit Often	Very Often	Always
26	How often do you have negative feelings such as blue mood, despair, anxiety, depression?					

APPENDIX – VI

முதியவர்களின் வாழ்க்கை தரத்தை பற்றி நேர்காணலுக்கான வழிகாட்டி

பகுதி-I

குறிப்பீடு: கீழே கொடுக்கப்பட்டுள்ள வினாக்கள் முதியவர்களை பற்றியும், அவர்கள் வாழ்க்கைத் தரத்தைப் பற்றியும் அறிவதற்காக கொடுக்கப்பட்டுள்ளன. அதில் தகுதியான இடத்தில் (3) சரி குறியீட்டினை இடவும். நீங்கள் தரும் இந்த செய்தி யாரும் அறியாதபடி பத்திரப்படுத்தவும்.

- 1) பாலினம்
அ) ஆண் ☐
ஆ) பெண் ☐
- 2) வயது (வருடங்களில்)
அ) 61-65 வயது வரை ☐
ஆ) 66-70 வயது வரை ☐
இ) 71-75 வயது வரை ☐
- 3) கல்வி
அ) படிக்காதவர்கள் (எழுத்தறிவு மற்றும் படிப்பறிவு இல்லாதவர்) ☐
ஆ) படித்தவர் (எழுதவோ அல்லது படிக்கவோ அறிந்தவர்) ☐
- 4) மதம்
அ) இந்து ☐
ஆ) இஸ்லாம் ☐
இ) கிறிஸ்தவர் ☐
ஈ) வேறு ஏதேனும் ☐
- 5) முன்னர் செய்த தொழிலின் தன்மை
அ) திறமை வாய்ந்த ☐
ஆ) திறமை இல்லாத ☐
இ) வேலை எதுவும் செய்யவில்லை ☐
- 6) திருமண வாழ்க்கைதரம்
அ) மணமானவர் ☐
ஆ) விவாகரத்தானவர்/தனித்து வாழ்பவர் ☐
இ) விதவை ☐
ஈ) மணமாகாதவர் ☐
- 7) வருமானம்
அ) ஓய்வூதியம் ☐
ஆ) குழந்தைகளிடமிருந்து ☐
இ) முந்தைய சேமிப்பிலிருந்து வரும் வட்டி ☐
ஈ) எதுவும் இல்லை ☐

- 8) முதியோர் இல்லத்தில் தங்கியிருக்கும் காலங்கள்?
அ) 1-3 வருடங்கள் ☐
ஆ) மூன்று வருடங்களுக்கு மேலும் ☐
- 9) ஒரு நாளுக்கான சுமாராக எவ்வளவு நேரம் உறங்குவீர்கள்?
அ) 8 மணி நேரத்திற்கு மேல் ☐
ஆ) 8 மணி நேரங்கள் ☐
இ) 8 மணி நேரத்திற்கும் குறைவாக ☐
- 10) தற்போது ஒரு நாளில் செய்யும் செயல்கள்
அ) உடற்பயிற்சி ☐
ஆ) தோட்டவேலை ☐
இ) விளையாட்டு ☐
ஈ) தொலைக்காட்சி பார்த்தல் ☐
உ) வேறு ஏதேனும் (குறிப்பிடுக) ☐
- 11) நீங்கள் வேறு ஏதேனும் நோய்களுக்கு மருத்துவம் எடுத்துள்ளீர்களா?
(எ.கா. இரத்த அழுத்தம், சர்க்கரை நோய்)
அ) ஆம் ☐
ஆ) இல்லை ☐

REMINISCENCE THERAPY

MEANING

Reminiscence therapy is defined by the American Psychological Association (APA) as "the use of life histories - written, oral, or both - to improve psychological well-being. The therapy is often used with older people." This form of therapeutic intervention respects the life and experiences of the individual with the aim to help the patient maintain good mental health.

WHAT IS REMINISCENCE?

Reminiscence has been described as "the volitional or non-volitional act or process of recollecting memories of oneself in the past". In other words, it involves the recalling and re-experiencing of one's life events.

THE HISTORY OF REMINISCENCE AS THERAPY

The idea that reminiscing could be therapeutic was first proposed in the 1960s. Robert Butler, a prominent psychiatrist who specialized in geriatric medicine, coined the term "life review." He proposed what many now take as a given: When approaching death, people find it helpful to put their lives in perspective. In an earlier decade, talking about distant memories was thought of as "living in the past" and therefore a problem.

The idea behind reminiscence therapy is consistent with the theories of adult psychological development that were being proposed around the same period by another famed professional, the psychologist Erik Erikson. Erikson thought that for the greater part of adulthood, we are challenged to find creative, meaningful work in order to avoid feeling stuck. Then, in the final phase of life, we may try to review where we have been and what we have accomplished in the hope that we can feel good about our lives. Reminiscence therapy, which incorporates both Dr. Butler's insights into life review and Dr. Erikson's theory of psychological development, may help a person achieve that goal.

TYPES:

The two main subtypes are intrapersonal and interpersonal reminiscence.

- ❖ Intrapersonal takes a cognitive stance and occurs individually.
- ❖ Interpersonal takes more of a conversational side and is a group-based therapy.
- ❖ Reminiscence can then be further broken down into three specific types which are: information, evaluation, and obsessive.

METHOD

Psychological research has identified two types of reminiscence therapies that are particularly effective: integrative and instrumental.

Integrative reminiscence therapy is a process in which individuals attempt to accept negative events in the past, resolve past conflicts, reconcile the discrepancy between ideals and reality, identify continuity between past and present, and find meaning and worth in life. An integrative life review provides individuals with the opportunity to examine events in their lives that may disconfirm negative self-evaluations associated with depression. Many depressed people ignore positive information and focus on memories that support their dysfunctional views, so this therapy helps lead clients to seek fuller, more detailed accounts of their life story and more balanced interpretations of past events. Participants review both good and bad experiences within the context of the entire life, which shows them that negative experiences in one life domain can be mediated with positive events in another. Individuals may disconfirm global, negative evaluations of the self that are associated with depression and begin to develop a more realistic, adaptive view of the self that incorporates both positive and negative attributes.

Instrumental reminiscence therapy helps the elderly recollect past coping activities and strategies, including memories of plans developed to

solve difficult situations, goal directed activities, and the achievement of one's own goals or goals one helped others meet. Instrumental reminiscence therapy may exert a positive effect on individuals' self-esteem and efficacy by recollection of successful experiences in which individuals acted effectively to control their environment. This approach to reminiscence therapy puts roles and commitments that are no longer rewarding or attainable to the periphery and help these patients invest in other goals that are more in tune with current conditions of living. This can be especially helpful for the elderly who may not be able to do what they were once capable of doing.

ACTION OF REMINISCENCE THERAPY

Reminiscence therapy can be conducted formally or informally with individuals, families, or groups. Typical topics are:

- ❖ Family and friendships
- ❖ Loves and losses
- ❖ Achievements and disappointments
- ❖ Adjustments to life's changes

Sessions can last from 30 to 60 minutes and occur weekly or even several times per week. Depending on the training of the clinician, the patient's needs and the setting, the goal may be to:

- ❖ Improve communication
- ❖ Foster a person's sense of self
- ❖ Improve mood
- ❖ Provide an enjoyable social activity

DIFFERENT MEDIUMS USED FOR REMINISCENCE THERAPY AND ACTIVITIES

A variety of mediums can assist the act of remembering that use different senses. It means that people who have difficulty communicating

verbally can have the opportunity to do so in other ways. Establishing identity with or without words is a good example of how we have to adapt, giving a valuable opportunity to acquire and use new skills of communication.

- ❖ Visually: photographs, slides. Painting pictures, looking at objects of meaning.
- ❖ Music: using familiar tunes from the radio, C.Ds, or making music using various instruments.
- ❖ Smell or taste: using smell kits, different foods
- ❖ Tactile: touching objects, feeling textures, painting and pottery.

APPLICATIONS OF REMINISCENCE THERAPY

Reminiscence Therapy is used predominately in elderly patients. This may in part be due to the common disorders reminiscence therapy has been used for are prevalent in the elderly, such as depression. It has often been used in nursing homes or assisted living facilities, as it provides a sense of continuity in one's life and therefore may aid these types of transitions. Patients with chronic conditions may also benefit from reminiscence therapy, as they often suffer socially and emotionally. Other issues have been addressed using reminiscence therapy, including behavioral, social, and cognitive problems. Studies have found group reminiscence therapy sessions may lead to strengthened social relationships and friendships within the group.

MENTAL HEALTH AND LIFE IMPROVEMENT

Many studies have examined the effects of reminiscence therapy on overall affect. One group of researchers implemented reminiscence therapy into a community in response to a rash of suicides. The researchers administered the therapy to older adults (predominantly women) at a local community center for the elderly. A questionnaire administered after the group reminiscence therapy session revealed that 97.3% of participants enjoyed the experience of talking, 98.7% enjoyed listening to others, 89.2% felt that the group work with reminiscence therapy would help in their daily life, and 92.6% wished to continue in the program. The researchers suggest their results support the previously reported effects of increased life

satisfaction and self-esteem. Another study showed that after one session a week for 12 weeks of integrative reminiscence therapy, institutionalized older veterans in Taiwan experienced significant increases in self-esteem and life satisfaction as compared to the control group.

BEHAVIORAL EVALUATION

The most frequent characteristics used to measure the outcome of reminiscence therapy on the patients involved are;

- ❖ Depressive symptoms
- ❖ Psychological well-being
- ❖ Ego-integrity
- ❖ Meaning or purpose in life
- ❖ Mastery
- ❖ Cognitive performance
- ❖ Social interactions

INFLUENCING FACTORS

Overall, positive outcomes seem to result from reminiscence therapy, although to differing degrees. The variability in the results is thought to be due to various factors, including the form of reminiscence therapy, the format of the sessions (group versus individual setting), the number of sessions completed, the health, age and gender of the individual, where the patient lives and if the individual had experienced any events that cause major changes in their life.

CONCLUSION

Reminiscence refers to recollections of memories from the past. It is familiar to us all and can be utilized for the benefit of others. For people with Alzheimer's disease encouraging the act of reminiscence can be highly beneficial to their inner self and their interpersonal skills. Reminiscence involves exchanging memories with the old and young, friends and relatives, with caregivers and professionals, passing on information, wisdom and skills. In m study results reveals that reminiscence therapy helps to improve the quality of life of elderly residing in old age home.

CERTIFICATE FOR ENGLISH EDITING

To whom so ever it may concern

This is to certify that this dissertation titled **“Assess the quality of life among elderly before and after reminiscence therapy in a selected old age home at Chennai”** done by Ms. V.Devi, II year M.Sc Nursing Student of Padamasree College of Nursing, Walajabad, Kanchipura district has been edited by me and the use of English in this study is found appropriate.

Name : P. SHANTHI

Designation: PG, ENGLISH

Date : 16.8.16

Place: ANAKAPUTHUR. Signature with seal

தலைமையாசிரியை
அரசு மேல்நிலைப்பள்ளி
அனாகாபுத்தூர், சென்னை - 600 070

CERTIFICATE FOR TAMIL EDITING

To whom so ever it may concern

This is to certify that this dissertation titled **“Assess the quality of life among elderly before and after reminiscence therapy in a selected old age home at Chennai”** done by Ms. V.Devi, II year M.Sc Nursing Student of Padamasree College of Nursing, Walajabad, Kanchipura district has been edited by me and the use of Tamil in this study is found appropriate.

Name : செ. லக்ஷ்மி

Designation: முதலமைச்சர் தலைமை அலுவலர்

Date : 16.08.16

Place: அனகாபுத்தூர்.


Signature with seal

தலைமையாசிரியை
அரசு மேல்நிலைப்பள்ளி
அனகாபுத்தூர், சென்னை - 600 070

INVESTIGATOR CONDUCTING INDIVIDUAL REMINISCENCE THERAPY



INVESTIGATOR CONDUCTING GROUP REMINISCENCE THERAPY

